



Annual report 2021–22



National Health
Practitioner
Ombudsman

Acknowledgement of Country

The office of the National Health Practitioner Ombudsman acknowledges the Wurundjeri Woi Wurrung people as the traditional custodians of the land on which our office is located. We would also like to acknowledge Aboriginal and Torres Strait Islander peoples who are the traditional custodians of the lands where our services extend.

We pay our respects to Elders, past and present, across Australia and to those who may be reading this report. We value and are committed to honouring Aboriginal and Torres Strait Islander peoples' rich contribution and unique and continuing connection to the land, water and community.

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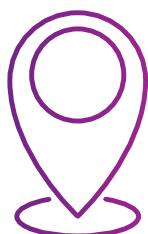
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Our year in figures

We received:



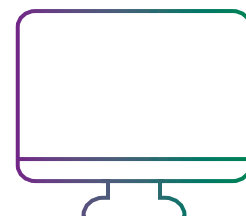
1,593
approaches

up 65 per cent from 2020-21



823
complaints to
the Ombudsman

up 42 per cent from 2020-21



23,842
new users
to our website

up 91 per cent from 2020-21

We made:



130 complaints
transfers
to Ahpra



105 preliminary
inquiries

We finalised:

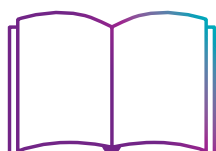


1,641
approaches, up 76 per cent
from 2020-21



881
complaints to the Ombudsman,
up 62 per cent from 2020-21

We published:



2 FOI review
decisions

Milestones:



Joined the expert
panel for the
independent review
into the regulation
of health practitioners
in cosmetic surgery



Began the independent
review into the
implementation of
Ahpra's framework
for identifying and
managing vexatious
notifications



Launched our
official social
media platforms

Letter of transmittal



The Hon Yvette D'Ath
Chair
Health Ministers' Meeting

Dear Minister

I am pleased to present you with the joint National Health Practitioner Ombudsman's and National Health Practitioner Privacy Commissioner's annual report for the period 1 July 2021 to 30 June 2022.

The report has been prepared in accordance with section 29 of the Health Practitioner Regulation National Law Regulation 2018.

I am satisfied that the office of the National Health Practitioner Ombudsman's financial and governance processes meet our specific needs and comply with the requirements of section 28 of the Health Practitioner Regulation National Law Regulation.

Yours sincerely

A handwritten signature in black ink, appearing to read "Richelle McCausland".

Richelle McCausland
National Health Practitioner Ombudsman
National Health Practitioner Privacy Commissioner

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Ombudsman and Commissioner's message

This financial year was again dominated by ongoing challenges stemming from the COVID-19 pandemic. The pandemic continues to cause hardship, but I am acutely aware that it also demonstrates our community's resilience and tenacity. I have seen these qualities in health practitioners undertaking their roles under new pressures. I see these qualities in community members sharing their concerns because they want others to have better experiences with Australia's regulatory system. And I see these qualities in my staff, who continue to provide impartial yet empathetic complaint handling services while acclimatising to hybrid working.



My office's role in providing free and independent complaint handling services to the public and health practitioners continued to evolve and grow this financial year. We received a record 1,593 approaches in 2021–22, a 65 per cent increase in approaches from last financial year. This included 731 enquiries (double the number received in 2020–21) and 823 complaints to the National Health Practitioner Ombudsman (up 42 per cent from 2020–21). This financial year has presented our greatest opportunity to identify and address issues raised with us to create fair and positive change in the National Registration and Accreditation Scheme. Some of the most significant contributions we have made to the National Scheme's improvement included:

- joining the expert panel for the independent review into the regulation of health practitioners in cosmetic surgery
- initiating a review into the implementation of the Australian Health Practitioner Regulation Agency's (Ahpra's) framework for identifying and managing vexatious notifications made about health practitioners
- continuing to ensure we make quality suggestions for improvement to Ahpra and the National Health Practitioner Boards (the Boards). This financial year, for example, we welcomed Ahpra's updated service charter following my office's reiteration of the importance of appropriate service standards to address ongoing communication issues.

I thank Ahpra's leadership team and national complaints team for their professionalism and responsiveness to my office's work and suggestions for improvement this financial year.

My office focused on making positive change in the most effective and efficient ways possible in response to the significant increase in our workload. This included further refining our complaint handling services to achieve early resolution outcomes. This would not have been possible without the dedication of my staff. It has been a pleasure to witness the increased connections between staff on returning to working from the office, and I thank my team for their creative and enthusiastic approaches to overcoming the new challenges we faced through these transitions.

A handwritten signature in black ink, reading 'Richelle McCausland'.

Richelle McCausland
National Health Practitioner
Ombudsman and Privacy Commissioner

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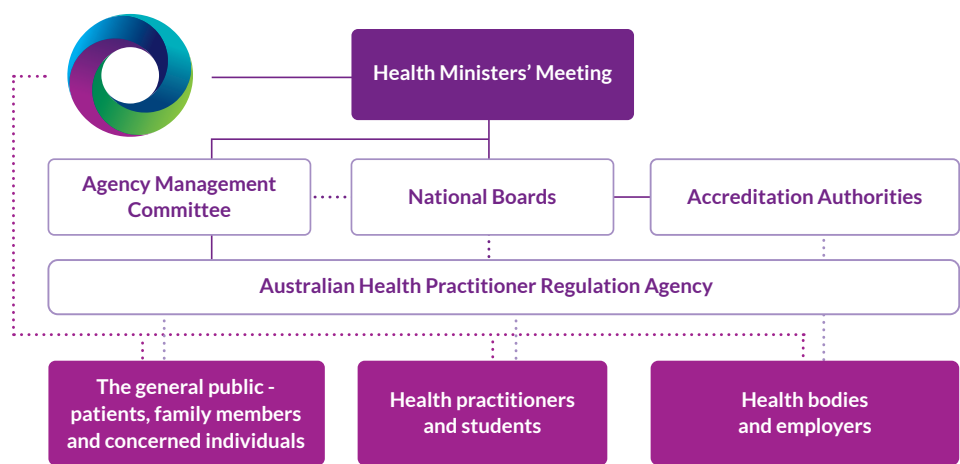
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Our vision and role

The office of the National Health Practitioner Ombudsman strives for fair and positive change in the regulation of registered health practitioners for the Australian community.

Our office joins ombudsman and commissioner offices in Australia and around the world in providing free and independent complaint services. We oversee bodies in the National Registration and Accreditation Scheme (the National Scheme) including the Australian Health Practitioner Regulation Agency (Ahpra) and the 15 National Health Practitioner Boards (the Boards)¹ (Figure 1).

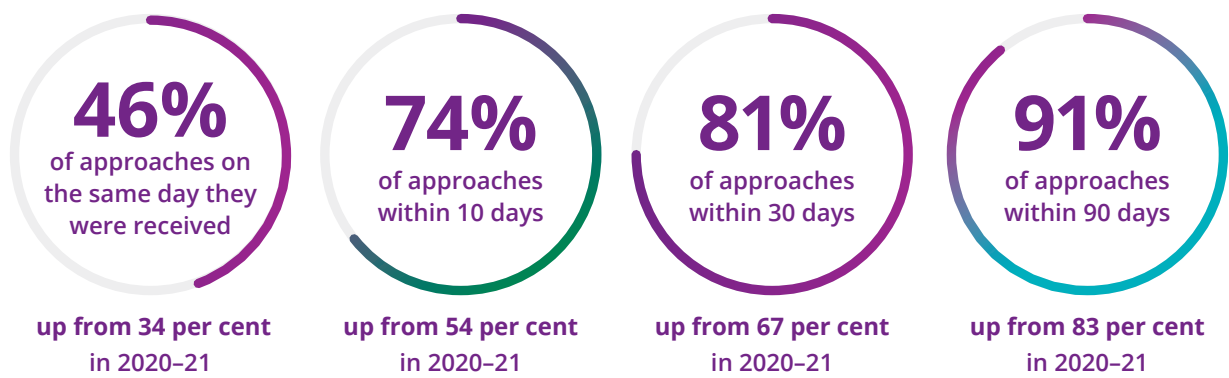
Figure 1: The role of our office



Our service charter

We provide a high-quality and respectful complaint handling service. Our service charter sets out what people can expect when they engage with our office, including when they can expect to hear from us and how long it may take us to finalise their complaint. Our office’s adherence to our service standards continues to be high (Figure 2).

Figure 2: Approaches finalised in line with our service charter



¹ The Boards currently include the: Aboriginal and Torres Strait Islander Health Practice Board of Australia, Chinese Medicine Board of Australia, Chiropractic Board of Australia, Dental Board of Australia, Medical Board of Australia, Medical Radiation Practice Board of Australia, Nursing and Midwifery Board of Australia, Occupational Therapy Board of Australia, Optometry Board of Australia, Osteopathy Board of Australia, Paramedicine Board of Australia, Pharmacy Board of Australia, Physiotherapy Board of Australia, Podiatry Board of Australia and Psychology Board of Australia.



Our office

Richelle McCausland is the National Health Practitioner Ombudsman and National Health Practitioner Privacy Commissioner.

Richelle's commitment to ensuring everyone is treated fairly has underpinned her career.

She is currently serving her second term as Ombudsman and Commissioner after first being appointed to the role by the Commonwealth and state and territory health ministers in May 2018.

The Ombudsman and Commissioner is supported by a small team of dedicated and highly skilled staff.

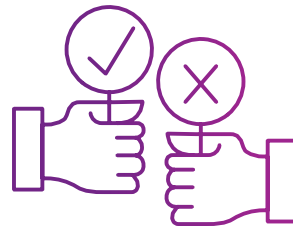


Our values



Independent

We make decisions and recommendations based on evidence and without taking sides



Fair

We are open and follow impartial processes to make sure everyone is treated equally



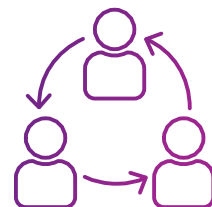
Courageous

We do what is in the public interest even if it is challenging



Respectful

We listen to and seek to understand the unique perspectives of everyone we engage with



Collaborative

We work with others to resolve issues and identify opportunities to improve

Our strategic direction

Our strategic plan seeks to deliver on the office's full potential during Richelle's second term, after moving from a transformative phase during her first term.



Influencing systemic improvement

We focus on identifying opportunities to facilitate positive change in the National Scheme



Engaging and communicating

We ensure our office's services are understandable and accessible to our diverse community



Building capacity

We support operational development and staff excellence



Enhancing accountability

We highlight our essential but lesser known oversight roles in the National Scheme

How we helped in 2021–22

Our office champions fairness through investigating complaints, facilitating resolutions and making recommendations to improve the regulation of Australia's registered health practitioners.

In 2021–22 we received 1,593 approaches including:

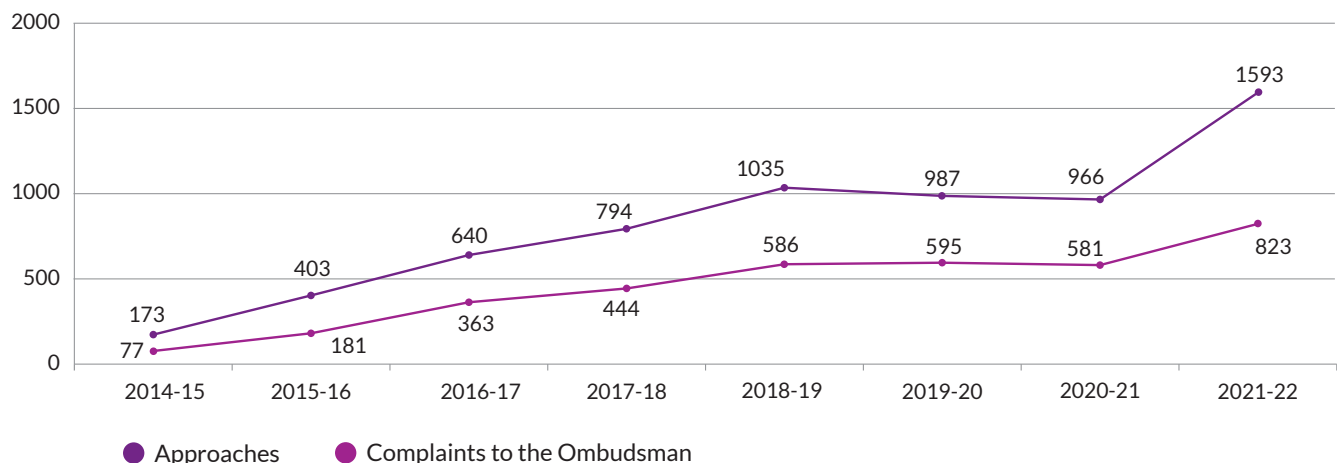
- 823 complaints to the Ombudsman about how Ahpra and the Boards handled a matter (up from 581 in 2020–21)
- 13 privacy complaints and 8 notifiable data breaches to the Commissioner (up from 3 and 1 in 2020–21)
- 18 FOI matters related to Ahpra's decisions under federal FOI law (up from 16 in 2020–21)
- 731 enquiries involving requests for information or concerns outside our core complaint handling activities (up from 365 in 2020–21).

This financial year we received a record number of 1,593 approaches, up from 966 in 2020–21. The COVID-19 pandemic had previously led to a plateau in the number of approaches our office received, after several years of significant growth (Figure 3). To put this in perspective, approaches to our office increased almost fivefold from when we received 173 approaches in 2014–15, to approximately 1,000 approaches annually over the past three financial years. This financial year, however, we received an approximately eightfold increase in approaches when compared with 2014–15.

There are likely many reasons for the increase in contact with our office in 2021–22. However, the increase appears to mostly have been driven by people raising concerns about regulatory responses to the pandemic. We estimate that our office received 327 complaints and 190 enquiries related to the COVID-19 pandemic in 2021–22.² The largest peak in contact with our office was in November 2021 when we received 269 complaints and 105 enquiries mostly related to COVID-19 vaccinations. This appears to have mostly stemmed from a third-party social media post that directed people to make a complaint to our office. These complaints and enquiries were generally about the joint statements released by Ahpra and the Boards regarding health practitioners' obligations around vaccination.

Other pandemic-related factors are also likely to have contributed to the increase in approaches. For example, the emergence of the pandemic's longer term effects such as increased stress and fatigue among health practitioners may have led to more dissatisfaction. Members of the public may also have been more likely to contact us after returning to 'normal' routines, such as seeking non-essential health care.

Figure 3: Approaches and complaints to our office between 2014–15 and 2021–22



² This estimate was gathered based on a keyword search of enquiries received in 2021–22 where the terms 'COVID', 'COVID-19' or 'pandemic' were mentioned in the summary of a case.

Enquiries

We saw a doubling of the number of enquiries our office received this financial year (731 enquiries compared with 365 enquiries in 2020–21). Enquiries relate to someone requesting general information or raising an issue with our office that is outside our core complaint handling activities. In 2021–22 enquiries we received mostly related to matters our office could not consider (681). We estimate that 190 enquiries were pandemic-related.³ Based on a qualitative thematic analysis, most of these enquiries appeared to be about mandatory vaccination or exemptions from mandatory vaccination (approximately 84 enquiries).⁴ Approximately 55 per cent of the pandemic-related enquiries were received during the November peak (105 enquiries).

Some people also appeared to make enquiries with our office because the organisation they had initially sought to contact was not answering phone calls or was not responding to correspondence. These communication problems may have been due to pandemic-related pressures such as staff absences due to illness.

We ensure people requesting assistance with issues our office cannot consider are referred to the appropriate service wherever possible. In 2021–22 we referred 39 per cent of enquirers to a state or territory health complaints entity (284), 12 per cent to Ahpra to make a notification (89) and 12 per cent to another suitable entity (85). We also resolved 119 enquiries by providing relevant information without a specific referral.

This financial year we received 47 general enquiries and three media enquiries.

Ombudsman role

In 2021–22 we received 823 complaints to the Ombudsman, up from 581 complaints in 2020–21. In line with previous complaint trends, we received the most complaints about how Ahpra and the relevant Board handled a notification (309). However, as previously mentioned, we also received an unusually large number of complaints where the main concern related to a pandemic policy or response (304 complaints).⁵

When we receive a complaint, we listen to the complainant and carefully consider the most appropriate way to address their concerns. We may:

- make an early resolution complaint transfer to Ahpra (with the complainant's consent)
- make preliminary inquiries with Ahpra
- decide to investigate
- decide not to investigate and close the complaint.

We finalised 881 complaints that were made to the Ombudsman in 2021–22. This represents a 62 per cent increase in the number of complaints finalised by our office when compared with the previous financial year (544).

We finalised 93 investigations in 2021–22. The most common outcome was our office providing a further explanation to the complainant (80).⁶ This means we did not identify any major error in how Ahpra or the relevant Board handled the complainant's matter. Instead, we helped the complainant to better understand how their matter had been handled.

3 This estimate was gathered based on a keyword search of enquiries received in 2021–22 where the terms 'COVID', 'COVID-19' or 'pandemic' were mentioned in the summary of a case.

4 This estimate is based on a thematic analysis which identified the main concern raised in the enquiry.

5 Please note that this figure is based on the primary issue 'pandemic policy or response' in complaints categorised by the type 'Other'.

6 We can record up to three outcomes on each individual complaint.

Commissioner role

While we generally receive fewer concerns related to privacy and FOI matters compared with our Ombudsman work, in 2021–22 the number of approaches in this area increased significantly. We received:

- 13 privacy complaints, up from three in 2020–21
- eight notifications from Ahpra about eligible data breaches, up from one in 2020–21.

The large increase in privacy complaints and eligible data breach notifications appears to have been driven by our office's increased focus on staff training and awareness raising about our role, including with Ahpra and its staff.

When considering a privacy complaint, we can decide:

- what action should be taken to resolve a complaint
- whether compensation should be awarded for any loss or damage suffered due to a breach of privacy
- that the handling of personal information was reasonable and take no further action.

In 2021–22 we made preliminary inquiries into five privacy complaints, began a conciliation process and launched an investigation. We finalised 10 privacy complaints, five at the assessment stage and five following preliminary inquiries.

In line with previous trends, we received 18 applications for a review of an Ahpra FOI decision and finalised 12 review applications. The Commissioner made a final decision on two review applications, which have been published on our website.

Mohammad's story⁷

Mohammad raised concerns with our office about the Board's decision to take no further action following a notification he had made about a health practitioner's conduct.

Mohammad, who was a health practitioner, said the Board had not appropriately considered his concerns in the context of his claim that he had suffered harm as a result of making the notification. Mohammad was concerned that the Board had not considered all the information provided and had not communicated effectively.

We opened an investigation into this matter.

We raised concerns with Ahpra that it had not given appropriate regard to the issue Mohammad described about harassment. Our office had previously provided comments to Ahpra, which were accepted, about the need to ensure adequate protections for notifiers and to appropriately manage allegations of bullying, harassment and assault as a result of a person making a notification.

Following our investigation, Ahpra advised Mohammad that changes had been made in how they manage concerns related to alleged harassment. Based on this, Ahpra arranged for the Board to reconsider Mohammad's concerns and contacted him to discuss this further.

⁷ Please note that all case studies have been deidentified and we have used pseudonyms to protect confidentiality. References to 'a Board' relate to any of the 15 National Health Practitioner Boards.



Emma's story

An international medical graduate, Emma, made a complaint to the Ombudsman about how her application for a change in circumstances related to supervision requirements on her registration was handled by Ahpra and the Board.

Emma was concerned about a delay in assessing her application. Emma also believed that the Board's refusal to accept her request for a change in circumstances was not in line with the *Supervised practice guidelines for international medical graduates*.

What we found

Our office began an investigation into the Emma's concerns. We found:

- Emma's application had been assessed by Ahpra and the Board in line with the guidelines and within a reasonable timeframe.
- Ahpra's internal guidance documents provided more detail than was publicly available about the factors the Board would consider in relation to the guidelines.

Complaint outcome

We consulted with Ahpra about revising publicly available information regarding the guidelines. We suggested that public information should reflect the comprehensive list of factors considered by the Board when assessing applications for a change in supervision level, as outlined in internal guidance documents. Ahpra agreed to consider this suggestion when undertaking its next scheduled review of the guidelines.

In the interim, Ahpra advised that a fact sheet would be published to provide more information about these factors to applicants. Our office was satisfied that this would help improve the experience for future applicants and ensure more transparency in the decision-making process.

Our complaint handling service in numbers



We focused on strengthening our early resolution processes to address complaints quickly and efficiently. For complaints made to the Ombudsman we:



made
130
early resolution
transfers



initiated
105
preliminary
inquiries



launched
25
investigations



We finalised **881 complaints** which were made to the Ombudsman, **up from 62 per cent** from 2020–21. The stage complaints were finalised in included:



590
at assessment,
up from 223 in
2020–21



106
through early resolution
transfers, **down from**
112 in 2020–21



92
through preliminary
inquiries, **up from 91**
in 2020–21



93
through investigation,
down from 118
in 2020–21



10
complaints to the
Commissioner
finalised, **up from**
2 in 2020–21



8
eligible notifiable data
breaches assessed
and confirmed, **up**
from 1 in 2020–21



12
FOI review
applications
finalised



2
FOI review
decisions
published



Influencing systemic change

We focus on identifying
opportunities to facilitate positive
change in the National Scheme

Influencing systemic change

We influenced systemic improvements in several ways this financial year. This included by:

- providing thorough, evidence-based suggestions and recommendations for improvement to Ahpra
- focusing on the early resolution of complaints, primarily through our assessment, preliminary inquiry and early resolution transfer processes
- undertaking independent reviews of systemic issues.

Creating system-level change

Each complaint we receive can provide insight into ongoing issues in the National Scheme. Often, complainants contact us to share their concerns because they want to prevent others from having the same experience.

We provide feedback or formal comments and suggestions for improvement to the entities involved in a complaint if we believe positive changes could be made at the system level. System-level improvements achieved in 2021–22 are demonstrated through the case studies in this report. They included Ahpra updating its service charter and Ahpra and the Boards strengthening their processes for identifying and managing conflicts of interest.

Ahpra's service charter

Our office made suggestions for improvement, particularly during 2020–21 and 2021–22, about the importance of Ahpra outlining realistic expectations for notifiers and practitioners regarding communication and timeliness. We discussed with Ahpra the need to develop a more comprehensive service charter with detailed service standards. Our suggestions for improvement came from communication problems repeatedly raised by complainants.

These included:

- a lack of transparency about the notifications or registration processes
- frustration with unanswered phone calls and written correspondence
- not receiving updates about a matter, particularly if it was delayed.

As outlined in our written answers to questions on notice to the Senate Community Affairs References Committee, service standards are beneficial from an organisational and complainant perspective:

“ **From an organisational perspective, it would assist Ahpra to induct staff and ensure staff have a clear understanding of their role in communication.**

From a complainant perspective, these standards also operate to set expectations about what level of communication they can look forward to, and therefore reduce unnecessary stress or anxiety associated with uncertainty.⁸

In its report and recommendations, the committee agreed that our suggestion for a service charter should be ‘progressed as a priority’ and that the service charter should outline ‘when and how updates will be provided to parties during the notifications process.’⁹

In April 2022 Ahpra published its updated service charter. The service charter identifies five high-level principles, and underpinning commitments, for engagement.

⁸ Senate Community Affairs References Committee, Answers to Questions on Notice in the Inquiry into Administration of Registration and Notifications by the Australian Health Practitioner Regulation Agency and Related Entities Under the National Law, September 2021

⁹ Senate Community Affairs References Committee, Administration of Registration and Notifications by the Australian Health Practitioner Regulation Agency and Related Entities Under the National Law, April 2022

The service commitments include some expected timeframes including that Ahpra will:

- generally respond to a phone call or email within five business days
- finalise a registration renewal application within 10 business days (where all information is provided and the application is not complex or does not require referral to a Board)
- update the online public register within one business day if there are changes to a practitioner's registration.

Our office welcomed the updated service charter, which demonstrates Ahpra's commitment to communicate expectations more proactively. This is a significant improvement for the National Scheme.

We will continue to monitor issues in this area and make suggestions where appropriate about the importance of providing timely updates to those involved in the notifications process.

Nushi's story

Nushi raised concerns with our office about Ahpra and the Board's handling of her application to have conditions removed from her registration.

Nushi complained about the delay in removing these conditions. She was also concerned that Ahpra's reminder to complete a part of the conditions on her registration was 'bullying'.

Our office initially sought to resolve Nushi's concerns through our early resolution process with Ahpra. With Nushi's consent, we transferred the complaint and Ahpra provided its response. Ahpra apologised to Nushi and explained that the delay was due to pressures on Ahpra's compliance team associated with the COVID-19 pandemic. Nushi was not satisfied with Ahpra's response, and we began an investigation to consider whether Ahpra's handling of the application was delayed and whether Ahpra's communication was fair and reasonable.

What we found

Our investigation found that:

- Ahpra's handling of the application was delayed, with the Board deciding to remove the conditions from Nushi's registration four months after she had completed the requirements of the conditions

- Ahpra's reminder to Nushi about completing all the requirements of her conditions was reasonable and appropriate.
- Ahpra's communication could, however, have been improved by:
 - acknowledging receipt of the information received within five business days
 - providing an update to Nushi about Ahpra's delay in handling her application, and when it would be considered by the Board.

Complaint outcome

Our office provided feedback to Ahpra that it should manage applications to have conditions removed from a health practitioner's registration in a more timely manner.

Ahpra also advised that it would take our office's suggestion to acknowledge information within five business days into consideration as part of drafting its new service charter. This update was reflected when the new service charter was published in April 2022.

Ahpra and the Boards' conflict of interest policies and procedures

Our office continued to closely monitor Ahpra's processes for managing conflicts of interest in 2021–22. In the past our office made suggestions for improvement to Ahpra about the conflict of interest register that must be maintained by each Board. In 2020 we observed through our complaint handling work that it was sometimes difficult to respond to a complainant's concerns about a conflict of interest or bias when there was limited documented information available in these registers to demonstrate:

- whether any consideration was given to a possible perception of a conflict of interest arising from a particular matter in circumstances where no conflict of interest was formally recorded
- discussion of whether any steps needed to be taken to manage a perceived conflict of interest
- if no action was taken to manage a conflict of interest, how this decision was reached.

We therefore identified an opportunity to improve the information recorded in each Board's conflict of interest register. Ahpra subsequently undertook a review of its practices and procedures for recording conflicts of interest involving Board members, including both standing declarations of private interests and those conflicts that might arise from time to time in the context of individual regulatory matters under consideration. There were several positive outcomes of this review including:

- the introduction of a new procedure on recording declarations of private interests
- a revised form for completion about declarations of private interests and a new form for supplementary declarations
- a revised form for capturing all declarations made during a Board meeting
- a new guidance document to support consistent Board meeting management in relation to conflict-of-interest agenda items.

We were pleased to see these positive developments and will continue to monitor their implementation.

Through our complaint handling work, we also identified a policy gap in Ahpra's management of differing independent opinion reports it receives when handling a notification. This includes how Ahpra identifies and examines conflicts of interest in independent opinions that have been sought and provided to Ahpra by the practitioner who is the subject of the notification. Ahpra agreed that this policy gap needs to be addressed, and our office will continue to work with Ahpra to ensure there is a robust policy and procedure for managing potential, perceived or actual conflicts of interest regarding reports provided by practitioners under investigation.

Ongoing monitoring of systemic issues

Our office continued to identify and monitor issues we were concerned may indicate systemic problems in the National Scheme in 2021–22. We monitored three issues closely by compiling relevant complaints data and information, together with concerns raised by stakeholders and in the media, in our case management system. The issues we closely monitored included:

- Ahpra's delay in investigating a notification after immediate action had been taken against the practitioner
- Ahpra and the Boards' application of the English Language Skills Registration Standard
- Ahpra and the Boards' application of the framework for identifying and dealing with vexatious notifications.

These issues are discussed in detail later in this report.

Early resolution

This financial year we focused on further enhancing our early resolution processes to handle complaints more effectively and efficiently. Where appropriate, we have sought to rely on early resolution complaint mechanisms (such as making preliminary inquiries) and refined our criteria to progress complaints to an investigation. Of the 881 complaints made to the Ombudsman that were finalised in 2021–22, 89 per cent were closed without a formal investigation (590 complaints were finalised at the assessment stage, 106 at the early resolution transfer stage and 92 at the preliminary inquiry stage). We refocused our complaint handling mechanisms in this way to:

- provide Ahpra and the Boards with more opportunities to address issues prior to our office undertaking more resource-intensive investigations
- ensure complainants receive more timely responses, particularly in matters where our office's involvement would likely be limited due to the circumstances of the matter
- focus our resources on addressing issues with broader system-wide effects where positive changes could have the greatest impact.

Independent reviews

Undertaking independent reviews of systemic issues is a critical way that our office strives for positive change in the regulation of Australia's registered health practitioners. Important milestones this financial year included the Ombudsman and Commissioner:

- joining the expert panel of the independent review into the regulation of health practitioners in cosmetic surgery
- initiating an independent review into the implementation of Ahpra's framework for identifying and dealing with vexatious notifications made about health practitioners.

Cosmetic surgery review

In November 2021 Ahpra and the Medical Board of Australia commissioned a review of patient safety issues in the cosmetic sector to be led by former Queensland Health Ombudsman Andrew Brown. The catalyst for the review was allegations in the media regarding the quality of treatment received by patients undergoing cosmetic surgery.

The Ombudsman and Commissioner was pleased to accept the invitation to join the review's expert panel alongside the CEO of Choice, Mr Alan Kirkland, and the Chief Medical Officer of the Australian Commission on Safety and Quality in Health Care, Conjoint Professor Anne Duggan. On appointment the Ombudsman and Commissioner said:

“ This review is coming at a critical time to ensure there is greater accountability in the regulation of cosmetic surgery in Australia. It has been alarming to hear patients and practitioners sharing concerns about patient safety in this industry...

My hope is that this review will give us insight into how regulatory processes can keep pace with changes in the cosmetic surgery industry to best protect the public.

Within the context of the specific functions and responsibilities of Ahpra and the Medical Board, the review will make recommendations about actions that will better protect the public based on consideration of:

- patient safety issues in the cosmetic surgery sector, including how to strengthen risk-based regulation of practitioners in that sector
- the regulatory approach of Ahpra and the Medical Board to ensure it keeps pace with changes in the cosmetic surgery sector.

The review recognised that its findings may help inform health ministers' separate consultation about the use of the title 'surgeon' by medical practitioners (see 'Engaging and communicating' for more information).

Public consultation

In March 2022 the review undertook public consultation to gain insight into the issue and potential solutions to address known problems. Submissions were sought from the public, health practitioners and organisations. The public consultation process focused on receiving submissions on seven areas of Ahpra and the Medical Board's responsibilities and associated powers for regulating medical practitioners who undertake cosmetic surgery:

1. codes and guidelines
2. management of notifications
3. advertising restrictions
4. title protections and endorsement for approved areas of practice
5. cooperation with other co-regulators
6. facilitating mandatory and voluntary notifications
7. information to consumers.

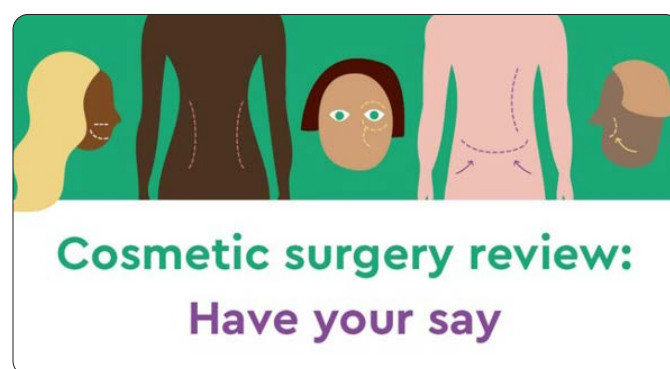
An anonymous online survey was also launched specifically for consumers, including those who have had cosmetic surgery or who may consider having a procedure, to understand their experiences (Figure 4).

The consultation received more than 230 written submissions and more than 550 survey responses.

Next steps

The review's findings and recommendations are due to be presented to Ahpra and the Medical Board in mid-2022. The review and its recommendations will then be published in early 2022–23.

Figure 4: Screenshot of public consultation promotion on social media



Vexatious notifications framework review

At Ahpra's invitation, in June 2022 the Ombudsman and Commissioner began an independent review into the implementation of Ahpra's framework for identifying and dealing with vexatious notifications.

Ahpra defines a vexatious notification as one that is 'without substance, made with an intent to cause distress, detriment or harassment to a practitioner named in the notification'.¹⁰ Ahpra published the framework in December 2021 following recommendations made by the Senate Community Affairs References Committee in 2017 and the Ombudsman and Commissioner's review into safeguarding the confidentiality of people making notifications in 2020.¹¹

Scope of the review

The review will consider, and where necessary make recommendations regarding, Ahpra's approach to identifying and managing vexatious notifications. It will consider whether the framework has been effective and if it has had any unintended consequences. The review will be conducted in two parts.

Part 1 will specifically consider the framework and the internal artefacts that explain how and when to apply it. This will include:

- considering whether the framework adequately reflects findings of a University of Melbourne research report commissioned by Ahpra¹² and issues raised in the confidentiality review
- considering whether the internal artefacts adequately describe actions expected of Ahpra staff to successfully adopt the framework
- making any recommendations about changes to the framework or artefacts.

Part 2 will consider the way in which the framework and its artefacts are applied in practice. This will include:

- considering whether the implementation of the framework and the artefacts has been successful and if there have been any unintended consequences
- considering whether the Framework is being appropriately and consistently applied by Ahpra staff
- considering whether any actions taken in response to a notification identified as vexatious have been adequate and in accordance with the Health Practitioner Regulation National Law (the National Law)
- considering whether there are any gaps in practice and whether the gaps are due to an inadequacy in the framework and artefacts or another reason
- any recommendations about further actions to be undertaken by Ahpra to enable more rapid and robust identification and management of potentially vexatious notifications.

The review will consider a range of information, including examples where the framework has been applied by Ahpra, and targeted consultation with health practitioners and relevant organisations.

We anticipate the report will be ready for consultation with Ahpra by the end of 2022. The review's report, and Ahpra's response, will be published in early 2023.

10 Ahpra's website, 'Vexatious notifications', reviewed December 2020. Accessed June 2022: <www.ahpra.gov.au/Notifications/How-we-manage-concerns/Vexatious-notifications.aspx>

11 National Health Practitioner Ombudsman, Review of confidentiality safeguards for people making notifications about health practitioners, December 2019

12 Canaway, R, Morris, J and Bismark, M, Reducing, identifying and managing vexatious complaints: Summary report of a literature review prepared for the Australian Health Practitioner Regulation Agency, November 2017

Complaints raising concerns about vexatiousness

In 2021–22 we received 14 complaints where we recorded an issue raised by the complainant about concerns that a notification was vexatious. These complaints were made by 11 individuals, with one individual raising four complaints. This is fewer complaints than we identified last year (17) and represents approximately 1 per cent of all issues raised with our office (14 of 1,301 issues).

Our qualitative thematic analysis of these complaints found that the main themes raised were concerns that the framework or associated policies had not been followed (5), that there was no evidence to support the notification (sometimes describing the allegations as ‘hearsay’) (2) or a general concern that a notification was vexatious (2). The main themes of the remaining complaints were that the:

- notifier should be declared a vexatious complainant (1)
- Board was not made aware by Ahpra of the practitioner’s view that the notification was vexatious (1)
- notification was fake (1)
- notifier made the notification due to a breakdown in a relationship (1)
- notifier made the notification in retaliation (1).

Our office finalised 20 complaints where concerns had been raised about how Ahpra and the Boards managed vexatious notifications this financial year. The most common outcomes recorded across these complaints were our office deciding not to investigate because the notification was still active with Ahpra and the Board had therefore not yet made a decision about the outcome (7) or we found Ahpra’s response to be fair and reasonable (7).

The themes identified in these complaints highlight the differing understanding complainants often have about the definition of a ‘vexatious’ notification. The themes we have identified suggest that complainants often use the word ‘vexatious’ to voice their concerns about potential conflicts of interest or concerns that a notification was considered by Ahpra and the relevant Board even though they believe it did not have enough supporting evidence. Further, sometimes complainants raised concerns that a notification was vexatious without a clear explanation for why they hold this belief. This suggests that complainants may not understand the obligation under the National Law for Ahpra and the Board to consider all valid notifications, irrespective of their source.



Alexander's story

Alexander contacted us because he was concerned that Ahpra had not provided regular updates about an investigation into a notification made about him.

Alexander believed that the notification had been made vexatiously and that there had been inaccuracies in Ahpra's communications with him. He was also concerned about the length of time the investigation was taking and wanted an update on when it would be finalised.

What we found

With Alexander's consent, we transferred the complaint to Ahpra as part of our early resolution transfer process. In its response, Ahpra:

- apologised for the errors in its correspondence and for any additional stress this had caused
- outlined the telephone communication and written updates that had been provided to Alexander and explained that this was generally within its expected service standards

- offered apologies for the instances where communication had been delayed and assured Alexander that regular and meaningful progress had been made in the investigation
- advised Alexander that his concerns about the notifier's motives would be shared with the Board
- advised that there was enough concern about the nature of the allegations made about Alexander's conduct that more information was needed for the Board to make an informed decision
- provided Alexander with an update on expected next steps for the investigation.

Complaint outcome

We contacted Alexander to confirm whether Ahpra's response addressed his complaint. Alexander was satisfied with Ahpra's response and said that he would return to our office once the matter was finalised if he had additional concerns.



Engaging and communicating

We ensure our office's services are understandable and accessible to our diverse community

Engaging and communicating

Our second strategic direction seeks to ensure that our office is open and available to everyone we can help. In 2021–22 we focused on implementing our digital engagement strategy, including launching new official social media accounts on Facebook and LinkedIn.

We have heard from complainants that finding and understanding information about how to make a health-related complaint in Australia can be challenging. We focus on demystifying our role in the National Scheme by sharing stories about the positive changes we have helped bring about at the individual and system levels.

We're now social!

In October 2021 we launched official accounts on the social media platforms Facebook and LinkedIn. We recognise that social media helps us engage with different people and ensure our services are more accessible and our role is easier to understand.

We launched our first social media campaign in November 2021 to increase awareness among health practitioners in Australia about our office and our unique role. The campaign involved sharing a video and images that explained what we do in an interesting but simple way.



111,000
social media
users reached



25,000
views of a video
about how we help

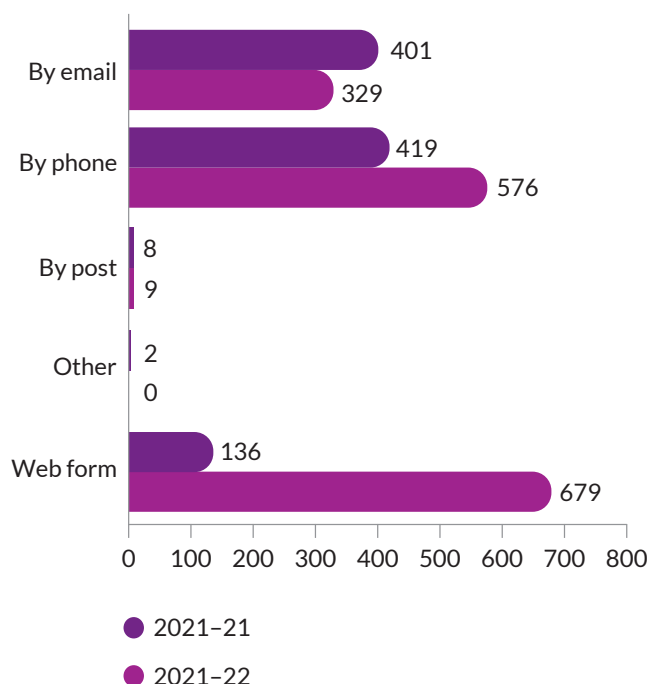


11,699
engagements (such as comments
or reactions to posts) prompted

How people contacted us

Our social media launch helped us find a broader audience and connect with health practitioners and members of the public. For the first time in our office's history, we received more contact from the public and health practitioners via our web form than any other communication channel (679 approaches). This represents an almost fourfold increase in the number of approaches received via the web form from the previous financial year (136 approaches) (Figure 5). The unprecedented surge in pandemic-related complaints and enquiries we received in November 2021 appeared to be driven by a third-party post on social media sharing information about how to contact our office. This suggests that our social media presence may have raised awareness about the role of our office in relation to pandemic-related responses by Ahpra and the Boards. Although the relationship may not be causal, our staff also reported an increase in health practitioners, or their legal representatives, contacting the office.

Figure 5: How people contacted us in 2020–21 and 2021–22



Our website

Our website provides a central source of information about our office. This financial year we saw an increase in people accessing our website and its content (Table 1).



91%

increase in new website users from 2020–21



93%

increase in the number of people who visited the website from 2020–21



87%

increase in page views from 2020–21

This suggests that our office is providing valuable information to our community and continues to engage with more people who may need assistance.

Table 1: Website traffic, 2019–20 to 2021–22

Website metric	2019–20	2020–21	2021–22
How many different people visited our website	11,164	12,528	24,150
How many people were new visitors	11,074	12,470	23,842
Website visits	15,244	17,403	31,147
Page views	28,365	61,513	114,915

Submissions to consultations and inquiries

This financial year we continued to use our office's unique perspective and data to contribute to ongoing areas of discussion in the National Scheme and to respond to requests for information or consultation.

Senate Inquiry

In 2021–22 our office welcomed the opportunity to provide evidence and information to the Senate Community Affairs Reference Committee's inquiry into the administration of registration and notifications by Ahpra and related entities under the National Law.¹³ The inquiry was referred to the committee by the Senate in March 2021 and considered several areas in Ahpra's administration of registration and notification matters.

Our office was pleased to take part in the inquiry this financial year after making a submission in 2020–21. The Ombudsman and Commissioner appeared before the committee for public hearings in September 2021, and our office provided answers to the questions on notice, including additional questions asked by the committee.

Recommendations

The inquiry resulted in the committee making 14 recommendations:

1. *The committee recommends that proposed reforms to the National Law to regulate the use of the title 'surgeon' undergo broad consultation and be progressed as a priority by the Ministerial Council.*
2. *The committee recommends that AHPRA and the national boards introduce a more flexible re-registration model across professions that would enable health practitioners to more easily re-enter the workforce after a period of absence.*

¹³ Senate Community Affairs References Committee, Administration of Registration and Notifications by the Australian Health Practitioner Regulation Agency and Related Entities Under the National Law, April 2022

3. *The committee considers there is a substantial case for regulation of currently unregulated professions including social workers, aged care workers and personal care workers and recommends the Ministerial Council consider whether these professions should be included in the National Regulation and Accreditation Scheme.*
 4. *The committee recommends that AHPRA undertakes urgent and immediate action in relation to supervisory failures and ensure that individual cases are not indicative of a systemic failure.*
 5. *The committee recommends that all supervisors should have a direct point of contact within AHPRA and that this point of contact should be made available prior to any contractual arrangements being made, as well as throughout the entire supervisory period.*
 6. *The committee recommends AHPRA reviews and simplifies its published information about notifications and other complaint pathways.*
 7. *The committee recommends that AHPRA and the national boards undertake education and awareness activities, explaining notifications and other complaints pathways, with health practices and services.*
 8. *The committee recommends that the Ministerial Council considers reforms to the National Law to enable health practices and services to be referred low risk notifications to be dealt with in the first instance, and that AHPRA and the national boards have discretion to refuse these matters on that ground.*
 9. *The committee recommends that notifications accepted by AHPRA be limited to clinical issues relating to patient safety.*
 10. *The committee recommends that AHPRA and the national boards consider improving the notifications data it collects and publishes to better understand where protracted timeframes are experienced and the reasons for any delays.*
 11. *The committee recommends that AHPRA and the national boards undertake an analysis of the cause of protracted notifications timeframes and identify ways to further improve timeliness. Consideration should be given to:*
 - *what further decision-making powers of the national boards can be delegated to AHPRA;*
 - *the allocation of resources to deal with increasing volumes of notifications; and*
 - *establishing timeframes for aspects of the notifications process.*
 12. *The committee recommends that AHPRA and the national boards develop and publish a strategy for identifying systemic issues and working with stakeholders to proactively address areas of concern.*
 13. *The committee recommends that the Ministerial Council agrees to remove the current mandatory reporting requirements and align the approach with the Western Australian model.*
 14. *The committee recommends that AHPRA and the national boards develop and fund a comprehensive strategy for providing tailored support for the notifications process to practitioners in all regulated professions.*
- We note that some of the committee's recommendations have already been progressed including the following:
- Health ministers are currently consulting on a regulatory impact statement on the title 'surgeon'.
 - The Queensland Parliament introduced the Health Practitioner Regulation National Law and Other Legislation Amendment Bill 2022, which would enable Ahpra to refer notifications to health practices and services.

Understanding the causes of delay in the notifications process to improve timeliness

As outlined in the Senate Committee's report, the Ombudsman and Commissioner reiterated the importance of identifying the root causes of delay in the notifications process, particularly for notifications that proceed to an investigation. In the current pandemic environment, it seems that one of the biggest barriers to reducing the time taken to finalise notifications is high caseloads among Ahpra staff. Moreover, as demonstrated in case studies throughout this report and in our written response to the committee, our office has sought to make formal comments and suggestions in relation to reducing unnecessary delays including:

- avoiding periods of inactivity in managing notifications
- avoiding a backlog of unallocated notifications by promptly allocating notifications to a regulatory officer at the assessment stage of the notifications process
- more quickly reassigning matters (for example, if a staff member goes on leave or ceases employment with Ahpra)
- tightening procedures around commissioning an independent opinion report including swiftly engaging the required opinion provider and setting expectations about the timeframe for delivering the opinion report.

Our office provided evidence to the committee that we regularly receive complaints related to how Ahpra and the Boards keep those involved in a notification informed of its progress. We reiterated that we frequently inform Ahpra of the importance of providing regular updates and meeting its legislative requirements to provide an update to the relevant notifier and practitioner at least every three months during an investigation. We acknowledged that Ahpra has made some improvements in these areas, particularly through encouraging staff to call notifiers and practitioners at the time that something changes during an investigation and to provide a written update based on that call.

During the Ombudsman and Commissioner's appearance at the public hearings, she also clarified that there could be opportunities to make the notifications process more efficient if the Boards delegated some of their decision-making powers to Ahpra. She suggested that this could be for notification matters that are clearly low-risk matters or issues that have already been considered by a Board. This may enable Ahpra staff to quickly finalise matters without the need for them to appear before the Board for a decision.

Our office will continue to monitor these issues and Ahpra's progress in achieving the committee's recommendations, including the 11th recommendation related to delays.

Updates to the National Law

This financial year we welcomed the opportunity to provide comment on the Health Practitioner Regulation National Law and Other Legislation Amendment Bill 2022 as part of the targeted and public consultation processes. The Ombudsman and Commissioner generally expressed support for the reforms outlined in the Bill and welcomed ongoing legislative reforms necessary to ensure the National Scheme achieves its objectives and operates efficiently and effectively.

Our public submission summarised the Ombudsman and Commissioner's ongoing concerns and recommendations for further consideration in relation to some reforms including:

- the need for notice of a proposed interim prohibition order to be provided in writing (and not only verbally)
- the importance of ensuring the public interest is considered when deciding not to publish certain information on the public register due to health or safety concerns
- that a show cause process should be undertaken if a Board decides to take a different form of regulatory action than initially proposed to ensure procedural fairness.

Queensland Parliament's Health and Environment Committee is expected to release its report and recommendations in July 2022.

Consultation on the regulation impact statement: use of the title 'surgeon' by medical practitioners

Our office made a submission to health ministers on the regulation impact statement about medical practitioners using the title 'surgeon'. The Ombudsman and Commissioner reiterated her support for efforts to understand potential risks and harm associated with the current use of the informal title 'cosmetic surgeon'.

Due to our office's involvement in the independent cosmetic surgery review, we did not wish to pre-empt its findings in our submission. Instead, the Ombudsman and Commissioner provided a brief overview of our complaint handling work in relation to cosmetic surgery and the register of health practitioners.

Public register of practitioners

The Ombudsman and Commissioner outlined that our office had previously engaged with Ahpra about concerns we had received regarding the public register of practitioners. Concerns raised by members of the public generally related to the accessibility of information including an inability to find individual practitioners. Health practitioner concerns, in comparison, generally related to privacy and the type of information published about them on the register. Anecdotally, our engagement with complainants suggests that awareness of the register itself appears to be low.

Our submission outlined that we have found Ahpra to be responsive to comments and suggestions for improvement. In July 2021 Ahpra made several changes to the register including improving its search filters and functionality to enable searches by location and in 15 of the most common community languages.

The Ombudsman and Commissioner also reiterated that the proposed updates to the National Law (discussed above) may affect the types of concerns we hear. For example, some amendments would allow practitioners to practise under an alternative name and to have that name published on the public register alongside their legal name.

Media engagement

Our office continues to receive a small number of media enquiries each financial year. In 2021–22 we received three media enquiries (down from 6 in 2020–21). Media enquiries are often driven by changes in the regulatory environment or our office's proactive media engagement.



Building capacity

We support operational
development and staff excellence

Building capacity

Our third strategic direction, building capacity, focuses on facilitating operational excellence and enhancing staff wellbeing. Our focus on operational excellence in 2021–22 resulted in a range of activities to improve the office's performance, risk management and internal operations.

As a Melbourne-based office, our team spent the first three months of the financial year working from home in line with government health directives. Following this, our staff returned to regularly working from the office for the first time since the pandemic began. We continued to respond to necessary operational changes due to the pandemic while ensuring our services were delivered efficiently in a hybrid working environment. We also focused on helping staff feel safe and supported to return to the office.

Governance

In 2021–22 we continued to strengthen our internal governance mechanisms to ensure accountability, provide opportunities to incorporate staff feedback, and facilitate quick responses to emerging environmental issues. Key developments this financial year included:

- introducing a Governance Committee to establish and monitor our internal systems, risk management processes and performance
- launching an 'innovation hour' and 'open-door hour' to provide more opportunities for staff discussions and to continuously improve our internal processes and procedures.

Governance Committee

The Governance Committee was officially established in September 2021. The catalyst for the committee's creation was the need for quick responses to new risks raised by the pandemic and to actively monitor ongoing change management processes. The committee recognised the need to provide a more formal structure to support the Ombudsman and Commissioner's decision making and management of the office's operations.

The committee's role is broadly to:

- ensure proper use and management of resources including reviewing quarterly reports on the office's financial position
- monitor performance reports on the office's organisational areas
- monitor risk oversight and management
- monitor internal controls including approving policies and procedures
- promote and monitor organisational culture and staff wellbeing including receiving quarterly updates from the office's internal working groups.

Opportunities for collaboration

The office implemented two new forums to provide opportunities for greater involvement and collaboration by staff.

Established in November 2021, the office's 'open-door hour' provides an opportunity for staff in the complaints and FOI team to raise any issues or trends they have observed in their complaint handling work for discussion with the Ombudsman and Commissioner and the broader team. Held fortnightly, staff welcomed the open-door hour as an opportunity to increase collaboration within the team and to ensure knowledge could be shared.

The innovation hour is open to all staff, who are encouraged to bring along an idea to share that they believe could create positive change in our workplace. As an office that prides itself on continuous improvement, innovation hour provides a forum for staff to discuss creative solutions to problems and to suggest refinements to existing processes. Innovation hour was introduced in June 2022, and we look forward to reviewing its progress in 2022–23.

Hosting arrangements with the Department of Health

Our office continues to develop our hosting arrangements with the Victorian Department of Health. The department provides our office with corporate support such as information technology, payroll and human resources support. The Ombudsman and Commissioner meets quarterly with the department's Secretary, Euan Wallace, to discuss our hosting arrangements. We greatly appreciate the collaborative working relationship we share with our colleagues in the department.

Record management

In 2021–22 we began a new project to prepare for the creation of our office's unique recordkeeping framework. We collect, use, store and disclose a range of personal and health information to provide services to the community and to carry out the office's statutory functions. This requires recordkeeping practices and systems that ensure the creation, management and protection of accurate and reliable records. Creating, managing and protecting records:

- improves operational efficiency including reducing risks
- ensures transparency and accountability
- protects the interests of staff and stakeholders.

We are dedicated to ensuring information collected and stored by our office is appropriately protected and remains confidential in line with the requirements of the National Law and our legislative framework. In April 2022 our office began a joint project with the department to map how our records are stored. Historically, as our office's host jurisdiction, the department has provided recordkeeping and archiving services for the office. This mapping project will assist us to determine the best approach to the ongoing management of our records.

A comprehensive staff intranet

Another important development this financial year was the creation of our staff intranet to improve team communication as we embrace hybrid working. The intranet has been designed to:

- increase connection between individual staff and team units across our office
- ensure staff can easily access important information related to their employment and relevant areas of work
- enhance recordkeeping through document version control
- facilitate improved understanding about staff responsibilities and guidelines, particularly given our unique hosting arrangements with the department.

We are currently making final updates to the intranet based on staff consultation and anticipate that it will be launched early in the 2022–23 financial year.

Wellbeing Working Group

In 2021–22 the Wellbeing Working Group continued to focus on creating opportunities to enhance our team's wellbeing and support greater connection between staff.

Our work can raise many sensitive issues, and it is important that staff feel equipped to manage these matters while staying safe and well. As a result, the office implemented additional compulsory training for staff on dealing with vicarious trauma and providing mental health first aid.

One of these training sessions coincided with many of our staff taking part in Crazy Socks 4 Docs Day on 3 June 2022. Crazy Socks 4 Docs Day was founded by Melbourne consultant cardiologist Geoff Toogood after he faced stigma and discrimination due to his lived experience of depression and anxiety. By participating in this day, we recognised that health practitioners have been on the frontlines throughout the COVID-19 pandemic and that now, more than ever, we need to normalise conversations around mental health.



“ The Wellbeing Working Group was created to foster connection and improve the wellbeing of all members of our office. Wellbeing is a priority for our office due to the often complex and challenging work we do and the impact lockdowns have had on our work lives over the past few years.

The best things about the group are the relationships we have created with one another and the fact that we are able to make a difference within our team.

We spent much of this financial year working from home, so we focused on keeping staff in touch with each other through virtual coffee catch-ups, team lunches via Microsoft Teams and collaborating wherever possible. One of our favourite team activities was our R U OK Day virtual lunch, where we all dressed in yellow, shared our isolation experiences with each other and talked about what we were looking forward to once lockdown was over.

In 2021–22 we focused on promoting training opportunities and department initiatives related to mental health and wellbeing. Now that we have transitioned to hybrid working, we have also gotten back to organising in-person activities like team-building days and making a positive and productive workplace.

The group has fostered connections between our office's different teams and allows us to work creatively, which has been a lot of fun! ”

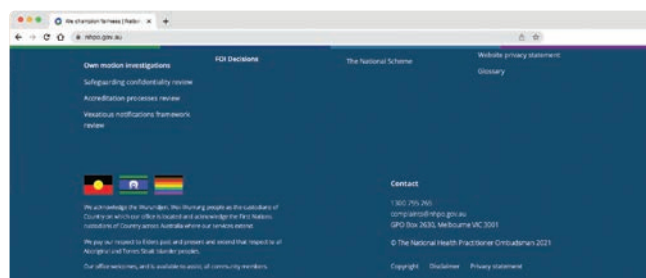
- Wellbeing Working Group

Diversity and Inclusion Working Group

The Diversity and Inclusion Working Group was created to improve cultural awareness and safety within our office and to support our engagement with the Australian community. We assist people from many different backgrounds, and it is important for staff to feel confident working with members of diverse communities. This financial year the Diversity and Inclusion Working Group focused on improving cultural awareness and confidence within our team, particularly about cultural safety. The group:

- introduced cultural awareness training provided by the Victorian Aboriginal Child Care Agency as part of the staff induction process
- introduced Acknowledgements of Country where appropriate, including adding an Acknowledgement of Country to our website and email signatures, putting up a physical sign in our office reception, and ensuring a verbal Acknowledgment of Country is provided in team meetings
- facilitated some staff to attend the Australian Reconciliation Convention to learn and recommit to the next steps in our reconciliation journey. Staff attended a range of sessions that focused on the convention's theme of moving from safe to brave.

Our diversity at work allows opportunities to learn and to be open to different practices while understanding and appreciating cultures and behaviours. In November 2021 the working group provided the opportunity for our staff to celebrate Diwali, the Hindu Festival of Lights, over a team lunch. Collective celebrations like this helped bring us together and created a more inclusive environment, boosting morale and nurturing team spirit.





Enhancing accountability

We highlight our essential but
lesser known oversight roles
in the National Scheme

Enhancing accountability

Our role in the National Scheme has broadened significantly over time to provide greater accountability. Our enhancing accountability strategic direction focuses on driving awareness of our newer and lesser known privacy and FOI functions and the expected expansion of our jurisdiction to accept complaints to the Ombudsman and Commissioner about accreditation entities in the National Scheme. This is to ensure these services are accessed when needed, and that we continue to increase our ability to make positive changes in these areas.

Accreditation processes review

Our independent review of relevant accreditation processes in the National Scheme was a significant focus this financial year. The Ombudsman and Commissioner initiated the review in December 2020 to consider the quality of the existing complaint and appeal processes of entities performing accreditation functions within the National Scheme.

Why the review is necessary

Accreditation of Australia's registered health practitioners is an essential element of the National Scheme. It seeks to fulfil the National Scheme's public protection objective by ensuring people seeking registration as a health practitioner have the knowledge, skills and professional attributes necessary to practise their profession safely and competently in Australia. Appropriate accreditation underpins the health practitioner registration process and is a cornerstone of the National Scheme.

Health ministers commissioned this review in response to the recommendations made by Professor Michael Woods in his 2018 Review of Accreditation Systems within the National Registration and Accreditation Scheme. Health ministers accepted in full the recommendation that our office undertakes a review of the complaint and appeal processes of accreditation entities. Health ministers also broadened the review's scope to include consideration of the procedural aspects of accreditation processes more generally to ensure fairness and transparency.

Health ministers accepted the Accreditation Systems Review's recommendation that the Ombudsman and Commissioner's jurisdiction be extended to include the administrative actions of accreditation entities. It was agreed that this review would assist our office to prepare for our expanded complaint handling function by establishing connections with accreditation entities and assist with strengthening existing complaint and appeal processes.

Scope of the review

This review primarily considers the quality of the existing complaint and appeal processes of entities performing accreditation functions within the National Scheme. The review also generally considers the fairness and transparency of accreditation processes. As requested by health ministers, the review prioritises consideration of specialist medical colleges' accreditation processes. From this assessment, the review makes recommendations to ensure dissatisfaction and grievances are appropriately considered and managed.

The review's assessment of existing complaint and appeal processes is largely based on principles derived from the Australian Standard AS/NZS *Guidelines for complaint management in organisations* (10002:2022). Some consideration is also given to the Commonwealth Ombudsman's *Better practice guide to complaint handling*.

This review suggests there are five key principles underpinning effective and efficient processes including that processes are:

- people-focused
- transparent
- responsive
- fair
- accountable.

As well as complaint and appeal processes, these principles underpin the review's consideration of other procedural aspects of accreditation entities' activities.

Review's progress

The review process consists of three key stages, the first two of which have been completed:

- Stage 1 focused on specialist medical colleges and the Australian Medical Council.
- Stage 2 considered all other entities exercising accreditation functions.
- Stage 3 will involve preparing, consulting on and finalising the written report of the review.

Stage 1

During the first stage of the review, our office met with each of the 16 colleges for the first time. This was an informal discussion to introduce the review and the role of our office in the National Scheme. The colleges shared with us where existing complaint and appeal processes were working well and areas where our office may be able to provide guidance to strengthen these processes. We also met with the Australian Medical Council during this time to understand its governance arrangements with each of the colleges.

After our initial meetings we spent time closely reviewing the complaint and appeal processes and procedural aspects of accreditation for each college. During this time we made several information requests to the colleges with targeted questions to understand their existing procedures and policies including the number of complaints and appeals received each year and how these matters are managed in practice.

We then met with the colleges again to share our initial observations. This provided an opportunity for us to share where we considered improvements could be made to reflect best practice processes. It was important for us to work collaboratively with the colleges during this stage to ensure the recommendations made at the end of the review are practical and acknowledge that the training programs and resources available to each college are unique.

We also presented to key overarching bodies supporting the exercise of accreditation functions including the:

- Council of Presidents of Medical Colleges, the unifying organisation for the colleges that provides support and knowledge sharing between the medical specialities
- Health Professions Accreditation Collaborative Forum, a coalition of the 15 accreditation authorities providing accreditation functions for the National Scheme.

It was beneficial to discuss the review and to strengthen our relationship with these key overarching bodies. These bodies will be an invaluable resource and knowledge base once our office begins accepting complaints about how accreditation entities handle matters.

Stage 2

During the second stage of the review, our office considered all other entities exercising accreditation functions in the National Scheme. We met with each of the 10 external accreditation councils and the committees established by the Boards to introduce the review and the role of our office. Similar to our approach during stage 1, our focus during these meetings was to understand the existing complaint and appeal processes of each council and committee and the procedural aspects of the accreditation functions they perform. We were also able to share our initial observations from our consideration of college processes and general themes we would be focusing on when drafting our report.

During this time, we continued to work closely with the colleges in preparation for drafting our report in the third stage of the review. As the review progressed, it was encouraging to see several colleges, councils and committees making changes to their existing policies and procedures in response to feedback we provided during our initial meetings.

Stage 3

We are currently preparing and consulting on the written report for the review. We anticipate the review will be published in early 2023.

New accreditation powers

As explained previously, health ministers decided in February 2020 to extend our office's role to 'accept appeals from certain decisions made by accreditation entities'.¹⁴ The Ombudsman and Commissioner's role will be expanded to include:

- accepting complaints about how accreditation entities handle matters, in line with the Ombudsman's current powers
- accepting privacy complaints to the Commissioner about accreditation entities.

The FOI Act does not apply to accreditation entities and so the scope of our role has not been expanded in relation to FOI matters.

The targeted consultation on the full range of proposed stage 2 reforms to the National Law mentioned earlier in this report also included proposed amendments to the Health Practitioner Regulation National Law Regulation 2018 to extend the jurisdiction of the Ombudsman and Commissioner.

We look forward to the implementation of these changes in 2022–23.

Increase in privacy-related matters

This financial year we focused on providing staff training and improved communications about our privacy-related functions through collaboration with Ahpra and its staff. In response, the office saw an increase in the number of complaints and notifiable data breaches we received including:

- 13 privacy complaints to the Commissioner (up from 3 in 2020–21).
- eight confirmed eligible data breach notifications received from Ahpra (up from 1 in 2020–21).

For more information, see the 'Privacy' section of this report.

¹⁴ COAG Health Council, Communique: Response to the Independent Accreditation Systems Review Final Report, 12 February 2020



Our office champions fairness

We provide a free, impartial and
independent complaint handling service
for the public and health practitioners

Ombudsman complaints

This financial year our office received 823 complaints to the Ombudsman. These complaints were made by 701 individuals,¹⁵ some of whom made multiple complaints to us during 2021–22. This represents a 42 per cent increase in the number of complaints received by the Ombudsman (up from 581 in 2020–21).

The increase in complaints appears to have been driven by the influx of pandemic-related complaints we received this financial year (304 complaints).

The Ombudsman can consider complaints that relate to how a matter was handled by Ahpra or the Boards, not whether their decision about a matter was right or wrong.

Complaints by type

Notwithstanding the unusual increase in pandemic-related complaints, our office saw similar trends in relation to the common complaint types we received in 2021–22 (see Table 2). We most commonly received complaints about how Ahpra and the Boards handled a notification (38 per cent of complaints received). Eighteen per cent of complaints related to a registration matter.¹⁶ This represents a 10 per cent decrease in the number of notification-related complaints and a 24 per cent decrease in the number of registration-related complaints when compared with the previous financial year. For more information about these complaint types, please see the relevant section of the report.

Table 2: Number of complaints, by complaint type, 2019–20 to 2021–22¹⁷

Complaint type	2019–20	2020–21	2021–22
Handling of a notification	351	344	309
Pandemic policy or response ¹⁸	N/A	N/A	304
Handling of a registration matter	217	196	149
Other complaint types	27	14	32
Concerns about customer service or how Ahpra handled a complaint	N/A	27	29
Total	595	581	823

¹⁵ This includes 561 named individuals and 140 anonymous complainants.

¹⁶ Data is based on our staff identifying the 'primary issue' when assessing the complaint.

¹⁷ More detail about how the notification, registration and customer experience complaint types are recorded is provided in the relevant sections of this report.

¹⁸ We introduced this complaint type in 2021–22 to record pandemic-related complaints more accurately. Prior to the introduction of this complaint type, they had been categorised as 'Other' complaints.

Pandemic-related complaints

We estimate 327 complaints to the Ombudsman related in some way to the pandemic in 2021–22,¹⁹ including 304 complaints where Ahpra and the Board's pandemic policy or response was the main issue recorded on the complaint.

During the pandemic, Ahpra issued position statements related to COVID-19 vaccination including the:

- Therapeutic Goods Administration's (TGA) joint position statement regarding COVID-19 vaccinations dated 9 March 2021
- TGA's joint position statement regarding the promotion of COVID-19 vaccinations dated 17 June 2021
- Boards, the Health Care Complaints Commission, the Office of the Health Ombudsman and the TGA's joint statement on receiving COVID-19 vaccination advice dated 30 August 2021.

The most common themes we identified following a qualitative review of all pandemic-related complaints were about these statements. Sometimes complainants identified Ahpra and the Boards' statements directly as the main cause for their concern (25 complaints), though most raised concerns more broadly about:

- mandatory vaccination and exemptions from mandatory vaccination (177; 54 per cent of pandemic-related complaints received) – complainants often used the terminology that it was 'medical negligence to coerce someone to take a vaccine'
- a doctor or health practitioner being 'gagged', 'muzzled', 'silenced' or 'censored', or patients not giving informed consent to vaccination (65; 20 per cent of pandemic-related complaints)
- mandatory vaccination of health practitioners including loss of work due to refusing to be vaccinated (11; 3 per cent).²⁰

This suggests that directly or indirectly, 85 per cent of the pandemic-related complaints we received concerned Ahpra and the Boards' vaccination statements. Most of these complaints were received during a surge in contact during November 2021 (269 complaints). This surge appeared to have been driven by a third-party social media post that promoted the use of our office's online complaint form. Our office therefore received significantly fewer complaints related to the pandemic across the other months in the financial year (approximately 18 per cent of the pandemic-related complaints).

Our assessment of complaints related to these statements was that they were consistent with Ahpra and the Boards' role in determining what is expected of registered health practitioners, as set out in the relevant professions' codes of conduct. Our office acknowledged that the statements clearly outlined the following:

- Vaccination is a crucial part of the public health response to the COVID-19 pandemic.
- Any promotion of anti-vaccination statements or health advice that contradicts the best available scientific evidence or seeks to actively undermine the national immunisation campaign is not supported by the Boards.
- Health practitioners have a professional obligation to only share information that is evidence-based and is consistent with the best available health advice.

19 This estimate was gathered based on a keyword search of complaints received in 2021–22 where the terms 'COVID', 'COVID-19' or 'pandemic' were mentioned in the summary of a case.

20 The thematic analysis was based on identifying the main concern raised in the complaint.

Other pandemic-related complaints

Our office received an estimated 11 complaints related to changes or issues in the registration process due to COVID-19 disruptions.²¹

Examples of these issues or changes included:

- delays caused by an inability to access relevant examinations or tests (such as English language tests)
- an inability to work affecting applications for registration in terms of recency of practice requirements
- concerns about the ability to afford registration fees.

We also received a small number of complaints about Ahpra's handling of notifications related to COVID-19 vaccination (3 complaints) and concerns about the pandemic sub-register (3 complaints).

Other themes we saw in pandemic-related complaints included concerns about the safety of COVID-19 vaccines such as concerns about incorrect reporting on adverse events or 'fraud' (16) and concerns related to the antiparasitic drug ivermectin (4).

We closed 325 pandemic-related complaints in 2021–22. The most common primary outcome of these complaints was deciding to decline to investigate because an investigation was not warranted in the circumstances (195 complaints; 60 per cent). A significant number of the pandemic-related complaints were made anonymously, and we declined to investigate these complaints because we could not contact the complainant (106 complaints; 33 per cent).

²¹ This estimate was gathered based on a keyword search of complaints received in 2021–22 where the terms 'COVID', 'COVID-19' or 'pandemic' were mentioned in the summary of a case.

Who complaints were about

As in previous years, most complaints to our office were about the regulation of the medical, nursing/midwifery and psychology professions (Table 3). All complaints we received involved Ahpra in some way because Ahpra is the main point of contact for people interacting with the National Scheme.

This financial year there was a significant increase in the proportion of complaints received about the regulation of the medical profession. In 2021–22 complaints related to the medical profession accounted for 70 per cent of all complaints compared with 46 per cent in 2020–21.

There are likely many reasons for this increase; however, it appears to be largely driven by the increased number of pandemic-related concerns we received, which mostly related to the role of general practitioners regarding vaccination.

We saw a significant decrease in the proportion of complaints received about the nursing and midwifery professions (from 19 per cent of complaints in 2020–21 to 9 per cent in 2021–22), psychology (from 14 per cent in 2020–21 to 7 per cent in 2021–22) and dental professions (from 7 per cent in 2020–21 to 3 per cent in 2021–22).

Table 3: Complaints by health profession, 2020–21 to 2021–22 ^{22, 23}

Profession	Complaints we received in 2020–21	Complaints we received in 2021–22	Complaints Ahpra received in 2021–22	Registered health practitioners
Medical	266	575	415	131,953
Nursing and midwifery ²⁴	113	78	182	477,147
Psychology	84	59	103	44,917
Dental	41	27	35	26,038
Paramedicine	10	13	17	23,053
Pharmacy	7	13	28	35,368
Physiotherapy	8	8	23	40,018
Occupational therapy	3	6	19	27,666
Chinese medicine	6	5	13	4,839
Medical radiation practice	1	3	6	18,601
Chiropractic	11	2	5	6,147
Osteopathy	2	1	0	3,147
Podiatry	2	0	2	5,992
Optometry	3	0	2	6,500
Aboriginal and Torres Strait Islander health practice	1	0	0	886
Other/unknown	23	33	–	–
Total	581	823	850	852,272

22 Data for 'Complaints Ahpra received in 2021–22' and 'Registered health practitioners' was provided by Ahpra.

23 This dataset relies on information about the number of complaints raised with our office (not the number of people who made those complaints). Small changes in the data between years, particularly when there is only a small number of complaints, can often be attributed to one or two complainants who have made multiple complaints each.

24 Please note that all complaints to our office in 2021–22 related solely to the nursing profession. In 2020–21 we received 17 complaints related to the midwifery profession.

Where complaints came from

We receive complaints from across Australia and from people located outside Australia who have been in contact with Ahpra or a Board.

As in previous years, most complaints to our office came from people located in Victoria (Table 4). This trend is likely due to the large number of registered health practitioners who are part of the National Scheme in Victoria.

In Queensland, complaints about health practitioners are handled by the Office of the Health Ombudsman. The Office of the Health Ombudsman consults with Ahpra about each complaint it receives to determine who should manage the matter. We only handle complaints about a matter from Queensland if it has been managed by Ahpra.

New South Wales also has different arrangements in place for managing notifications about health practitioners. Our office does not have the power to receive complaints about how a notification has been handled by the Health Care Complaints Commission or the Health Professional Councils Authority in New South Wales. This explains why the number of complaints from people located in New South Wales is small relative to the number of registered health practitioners.

Table 4: Complaints made to our office, by location of the complainant, 2020–21 to 2021–22²⁵

Location	Complaints received in 2020–21	Complaints received in 2021–22	Registered health practitioners
Victoria	184	203	222,264
New South Wales	49	148	238,369
Western Australia	73	109	85,888
Queensland	117	103	175,067
South Australia	98	48	65,804
Australian Capital Territory	10	11	15,349
Outside Australia	6	12	-
Tasmania	5	9	19,225
Northern Territory	2	8	8,842
Other	37 (unknown)	172	21,464 (No place of practice listed or overseas-based registrants)

²⁵ Data for 'Registered health practitioners' was provided by Ahpra.

Early resolution of complaints

We seek to resolve complaints in a fair, efficient and effective way. Our early resolution of complaints generally involves using one of the following processes where appropriate:

- making preliminary inquiries
- an early resolution complaint transfer to Ahpra.

Preliminary inquiries

We conduct preliminary inquiries to find out basic information about a complaint. This information may lead to a quick decision about the outcome of a complaint without requiring a formal investigation.

We made 105 preliminary inquiries this financial year, including 21 instances where we asked Ahpra for more information after completing the early resolution transfer process.

Early resolution complaint transfers

Our early resolution transfer process facilitates the transfer of a complaint to Ahpra (with the complainant's consent) for a response prior to our office deciding whether we will take any further action.

This process reconnects Ahpra with the complainant and can lead to a quicker resolution of the complaint. Once the complaint is transferred to Ahpra, it remains open with our office, and we assess Ahpra's response to determine if it is fair and reasonable.

In 2021–22 we transferred 130 complaints through the early resolution transfer process.

Investigations

In situations where we have been unable to achieve an early resolution of a complaint, we may decide to begin an investigation. Our investigations involve gathering and reviewing the available information to determine whether the actions of Ahpra and/or the relevant Board were:

- lawful and reasonable
- consistent with relevant policies and procedures.

We launched 25 investigations into complaints this financial year.

Carlos's story

Carlos, an internationally qualified specialist, contacted our office to complain about receiving incorrect advice from Ahpra that he would remain registered despite a delay in assessing his application for specialist registration.

We made preliminary inquiries into the complaint to gather more information. Ahpra advised that it had not correctly identified that Carlos was applying

for registration (and not applying to renew his registration). This led to the incorrect information being provided to him.

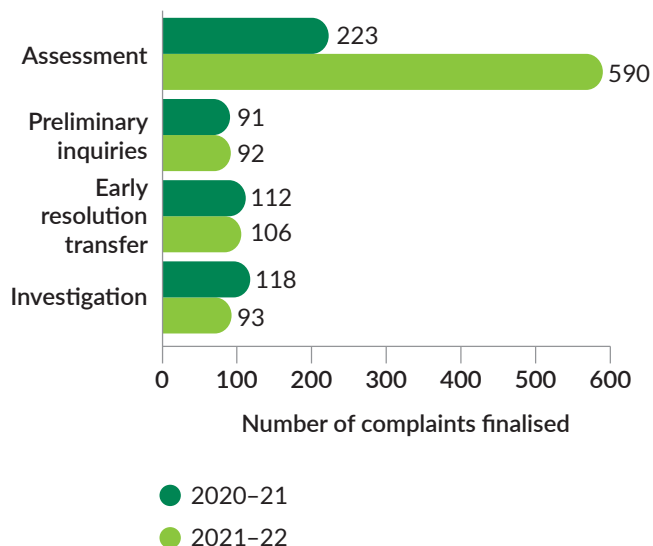
Ahpra acknowledged that this information provided a false impression that Carlos would be able to practise his profession. Ahpra offered a formal apology to Carlos for the confusion and distress this caused.

Finalised complaints

This financial year our office finalised 881 complaints that were made to the Ombudsman, up from 544 in 2020–21. We finalised 198 complaints after using early resolution techniques (106 following an early resolution complaint transfer and 92 after making preliminary inquiries). Ninety-three complaints were finalised following an investigation (Figure 6).

Most complaints were finalised at the assessment stage of our complaint handling process (590). We finalised 165 per cent more matters at the assessment stage than in 2020–21, which was possibly due to the high number of pandemic-related complaints that we decided did not warrant any further action.

Figure 6: Complaints finalised, by stage in our complaint handling process, 2020–21 and 2021–22



Outcomes

We recorded 1,231 outcomes across the 881 complaints our office finalised this financial year. This is a 97 per cent increase on the number of outcomes we recorded in 2020–21 (626). The average number of outcomes recorded on each complaint is largely consistent with 2020–21.²⁶

Early resolution outcomes

We resolved most complaints without the need for a formal investigation in 2021–22.

The type of outcomes achieved at the assessment, preliminary inquiry and early resolution transfer stages are summarised in Table 5.

Assessment stage

Generally, we finalised complaints at the assessment stage without investigation because our assessment found:

- We were unlikely to be able to achieve what the complainant wanted from making a complaint (in these cases we referred the complainant to another service where possible).
- Ahpra's complaint response was fair and reasonable.
- The complaint issues were already being considered by Ahpra or a Board, or a court or tribunal, and involvement from our office was therefore not appropriate at that time.
- We did not receive the information we needed from the complainant to progress the complaint further.
- We had already considered the same complaint.

Due to the surge in complaints related to COVID-19 vaccination in November 2021, we received an unusually high number of anonymous complaints this financial year. This appears to account for the higher than usual number of outcomes recorded where we were not able to contact an anonymous complainant (134) (for more information, see 'Pandemic-related complaints').

²⁶ This comparison is based on the number of outcomes recorded divided by the number of complaints finalised in each financial year (1.15 in 2020–21 and 1.39 in 2021–22).

Table 5: Complaints resolved without investigation, by outcome type and stage in our complaint handling process, 2021–22

Outcome type	Assessment	Early resolution transfer	Preliminary inquiry	Total outcomes without investigation
Investigation is not warranted in the circumstances	331	9	34	374
Ahpra's response to complaint is fair and reasonable	42	79	38	159
Anonymous complainant cannot be contacted	134	0	0	134
Regulatory matter is still active with Ahpra	52	16	34	102
Complainant did not provide requested information to our office	46	3	0	49
Complaint is about the merits of Ahpra/Board's decision	21	14	12	47
Feedback provided by our office to Ahpra	1	2	25	28
Complaint was resolved by mutual agreement between Ahpra and complainant	6	11	4	21
Matter is more appropriately handled by a court or tribunal	13	1	5	19
Complainant is not directly impacted by complaint issue	16	0	0	16
Matter was withdrawn prior to investigation	15	1	0	16
We are monitoring the systemic issue	3	1	11	15
We previously considered the same concerns	13	0	0	13
Complainant has not made complaint directly to Ahpra	10	1	2	13
Complainant has an active complaint with Ahpra	10	0	2	12
Concerns relate to an accreditation entity that we are not yet accepting complaints about	12	0	0	12
Matter concerns a court or tribunal decision	7	2	3	12
Complainant became aware of the matter more than 12 months ago	4	0	2	6
Matter is currently before a court or tribunal	1	0	3	4
We could not investigate without compromising confidentiality	1	0	0	1
Other	1	0	2	3
Total	739	140	177	1,056

Preliminary inquiry stage

We finalised 92 complaints at the preliminary inquiry stage. This is consistent with the previous financial year (91 complaints finalised). The most common outcome was our office deciding that Ahpra or a Board's response to our inquiries was fair and reasonable (38).

Of the matters that required further action at the preliminary inquiry stage:

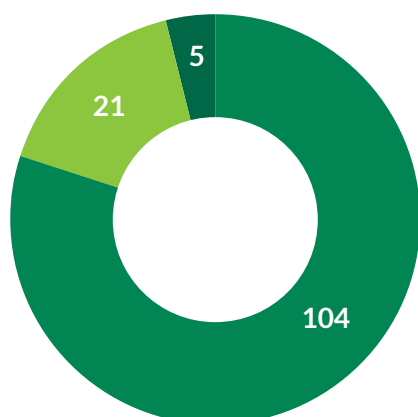
- four matters went on to an investigation, down from 12 in 2020–21
- one matter went on to be transferred to Ahpra through the early resolution transfer process, down from four complaints in 2020–21.

This shows that when we made preliminary inquiries, Ahpra's response usually provided enough information for us to decide how to finalise the complaint. It is positive that only a small number of complaints required further action from our office after we had made preliminary inquiries because this suggests that our early resolution process is working effectively.

Early resolution transfer stage

In 2021–22 we assessed 130 responses Ahpra provided through the early resolution transfer process. Most of these complaints were finalised without further inquiries or investigation by our office (104 complaints; 80 per cent of assessed responses) (Figure 7). This is a significant increase from the previous year when 63 per cent of complaints were finalised this way (104).

Figure 7: Assessment of early transfer responses in 2021–22



- Complaints finalised with no further action required
- Complaints progressed to preliminary inquiry
- Complaints progressed to investigation

The high number of complaints finalised without further involvement from our office after receiving Ahpra's response signals a positive change in this early resolution process. It means that our office decided that Ahpra's complaint response generally addressed the complainant's concerns and that Ahpra's complaints team has more effectively managed a range of different complaints.

Of the matters that needed further action at the early resolution transfer stage, we went on to make preliminary inquiries in relation to 21 complaints (down from 22 in 2020–22) and we went on to investigate five complaints, down from 40 in 2020–21 (Table 6). Most complaints requiring further action continued to be notification-related (18), rather than registration-related complaints (7) (Table 6).

In 2021–22 we saw positive improvements in Ahpra's timeliness in responding to early resolution transfers. Ahpra provided an acknowledgement of the transfer within the required timeframe 90 per cent of the time (13 failures to meet the timeframe). This is a significant improvement from 2020–21 when Ahpra did not meet the timeframe 35 times.

Ahpra also provided a response to the complaint within the required timeframe 87 per cent of the time (17 failures to meet the timeframe, including 12 times where Ahpra requested an extension of time). Most of the responses where Ahpra did not meet the required timeframe related to notification matters (10), seven of which were in relation to complaints by practitioners where the matter was still active or immediate action had been taken against them. While this suggests that Ahpra could further improve its responsiveness to these kinds of complaints, we acknowledge the general improvement from 2020–21 when Ahpra did not provide a response within the agreed timeframe 45 times.

This suggests that Ahpra's rate of compliance has rebounded to 2019–20 levels when complaints were responded to within the required timeframe 89 per cent of the time. Our office is pleased to see this significant improvement in Ahpra's compliance and appreciates Ahpra's national complaint team's efforts to ensure timely responses are provided to our office.

The most common outcome of complaints finalised at the early resolution transfer stage was our office deciding Ahpra's response to the complaint was fair and reasonable (79).

Table 6: Number of early resolution transfers, by response and complaint type, 2021–22

Early resolution transfer responses assessed	Notification-related complaints		Registration-related complaints	
	2020–21	2021–22	2020–21	2021–22
No further action required	38	58	61	39
Preliminary inquiries made	15	16	7	4
Investigation commenced	32	2	8	3

Maria's story

Maria raised concerns with the Ombudsman about how Ahpra handled the notification she made about a health practitioner and the Board's decision to take no further action.

With Maria's consent, our office initiated our early resolution transfer process with Ahpra. We expressed concerns to Ahpra that the health practitioner had been incorrectly named in the notification that was considered by the Board and that it appeared Ahpra had not taken steps to correct the error after Maria had advised Ahpra of her mistake.

In response, Ahpra contacted Maria directly to apologise for the management of the notification. The matter was also reopened to be considered by the Board.

We advised Maria that she was welcome to return to our office after the notification had been considered by the Board if she continued to be dissatisfied.

Investigation outcomes

We finalised 93 complaints following an investigation during 2021–22. We recorded 175 outcomes across these 93 complaints. Most investigations resulted in our office providing a further explanation to the complainant, followed by our office providing feedback to Ahpra (Table 7).

Providing a further explanation to the complainant

The most common investigation outcome in 2020–21 was providing a further explanation to the complainant about the decision or action they complained about (80). This means we did not identify a major error in how Ahpra or the relevant Board handled the complainant's matter. Instead, we helped the complainant to better understand how their matter had been handled. This is a consistent trend in our complaints data.

Table 7: Investigation outcomes of complaints, 2021–22

Investigation outcome	Number of outcomes in 2021–22
Further explanation provided by our office	80
Feedback provided to Ahpra	41
Monitoring as a systemic issue	14
Apology or acknowledgement provided to the complainant by Ahpra or the Board	9
Staff training or feedback provided to Ahpra or Board staff	8
Positive feedback provided to Ahpra	6
Ahpra or a Board agreed to assess new material	4
Matter reconsidered by Ahpra or the Board	3
Formal comments or suggestions issued by the Ombudsman to Ahpra	2
Other outcome	2
Undertaking made by Ahpra or a Board to change policy or process	1
Facilitated contact between Ahpra or a Board and the complainant	1
Facilitated meeting between Ahpra or a Board and the complainant	1
Complainant referred elsewhere to pursue concerns	1
Further explanation provided by Ahpra or a Board	1
Updates made to Ahpra's or a Board's public information	1

Providing feedback to Ahpra

This financial year providing feedback to Ahpra was the second most common outcome of our investigations (41). We began recording this outcome in 2021–22 to reflect our continued dedication to relying on quicker and more efficient complaint processes.

We provide feedback to Ahpra's national complaints team if we identify a minor issue or an ongoing concern in relation to an issue that the Ombudsman has already provided formal comments on or made suggestions for improvement to Ahpra's CEO. We track Ahpra's response to comments and suggestions we have previously made, and the feedback we provide therefore acts as a reminder to Ahpra about the importance of addressing the identified issue.

We may also choose to provide feedback to Ahpra if during the complaint process we come to an agreement about how certain issues can be addressed. In these complaints, Ahpra's national complaints team has efficiently addressed the concerns raised throughout the complaint process, and it is therefore not necessary for the Ombudsman to make formal comments or suggestions for improvement.

We also provided positive feedback to Ahpra six times.

Monitoring a systemic issue

We recorded 14 investigation outcomes related to monitoring a systemic issue. We began recording this outcome in 2021–22 to more accurately describe when we decide that our ongoing monitoring of a systemic issue means it is not necessary to continue investigating an individual complaint. This is because we are already aware of the issue and will take further steps to address it on a system level if necessary.

Providing formal comments or suggestions to Ahpra

The outcome of two investigations included the Ombudsman providing formal comments and/or suggestions for improvement to Ahpra's CEO (see, for example, Mia's story). We generally make formal comments and suggestions for improvement once about any identified issue.

Actions taken by Ahpra or a Board

Our office works with Ahpra and the Boards to determine the best way to address concerns raised by complainants. In 2021–22 this resulted in Ahpra and the Boards taking several different actions including:

- Ahpra providing an apology or acknowledgement to the complainant (9)
- Ahpra providing training or feedback to its staff (8)
- a Board assessing new material regarding the matter at issue (4)
- a Board reconsidering the matter at issue (3).

On one occasion each, outcomes achieved included:

- Ahpra or a Board undertaking to change a policy or process
- our office facilitating contact between Ahpra or a Board and the complainant
- our office facilitating a meeting between Ahpra or a Board and the complainant
- Ahpra updating its publicly available information
- Ahpra or a Board providing a further explanation to a complainant (refer also to Table 7).



Robert's story

Robert contacted our office because he was concerned about how Ahpra had managed a notification he made about a health practitioner who had operated on him. Robert was dissatisfied that the matter had been transferred from a health complaints entity to Ahpra and that the Board had decided not to take further action. He felt that the decision had not been adequately explained and that all the information he provided had not been considered. Robert said that the process had left him feeling 'like a statistic or piece of data to be collected'.

What we found

We began an investigation into this complaint. Our investigation found the following:

- It was reasonable for Ahpra to manage the notification following consultation with the relevant health complaints entity.
- It was reasonably open to the Board to decide to take no further action when it assessed the notification, and the Board's decision was adequately explained to Robert. However, material Robert had sought to provide had not been considered by the Board.

- The consent form Ahpra sends to notifiers does not make it clear when health records or other relevant information will be sought by Ahpra. This can lead to confusion for notifiers about what information they should provide to Ahpra themselves for their notification to be appropriately assessed.
- Ahpra could have responded to Robert's concerns about the Board's decision and a meaningful explanation would likely have avoided the complaint's escalation to our office.

Complaint outcome

We facilitated providing Robert's new material to Ahpra. In response, Ahpra advised that the Board had decided to reopen and investigate the notification.

We also provided feedback to Ahpra about the opportunity we found to improve its notification consent form. It is important that notifiers do not believe there is no need to provide their health records to Ahpra on the basis that Ahpra will always access these records themselves, as this is not the case. We also suggested that Ahpra could provide more meaningful complaint responses to notifiers by identifying the main causes of their concern and addressing them.

Notification-related complaints

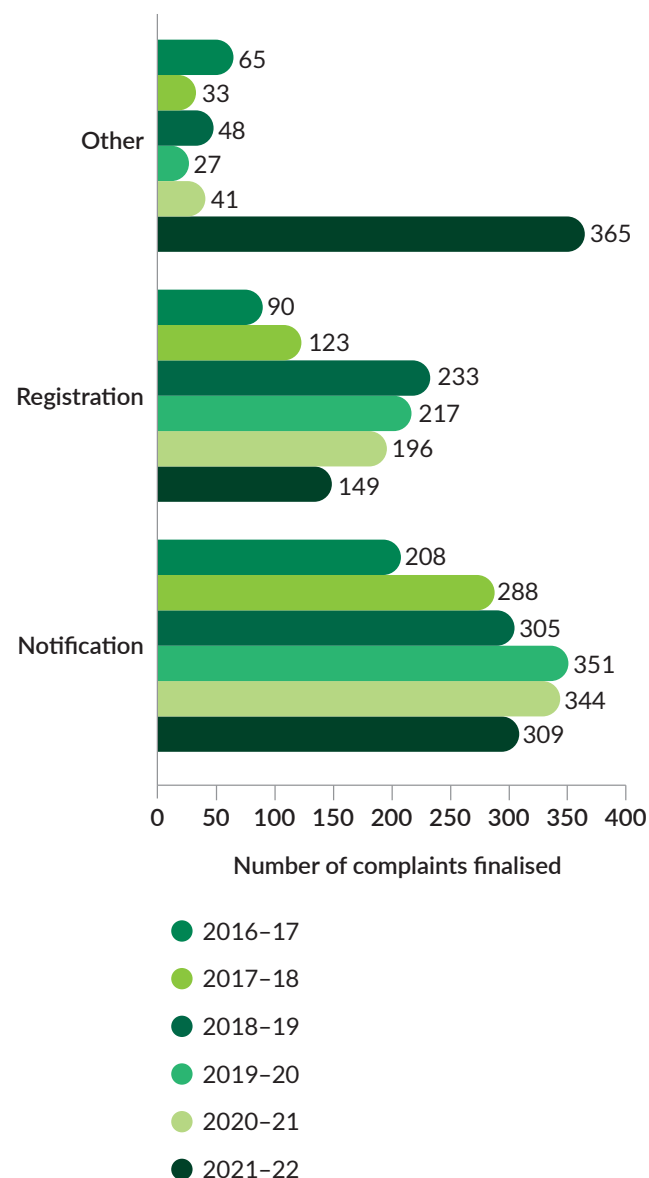
Notifications help Ahpra and the Boards identify and address potential risks to public safety. Anyone can make a notification to Ahpra about a registered health practitioner if they have a concern about the health, conduct or performance of the practitioner.²⁷

Notification-related complaints we received

Most of the complaints we receive are about the handling of a notification by Ahpra or a Board. This financial year, 38 per cent of complaints related to a notification (309) (Figure 8). This represents a decrease in the number of notification-related complaints we received in 2020–21 (344 complaints; 59 per cent of complaints received). While notification-related complaints remained our most common complaint type, the proportion of notification-related complaints relative to all complaints received was significantly less than in previous years. This is due to the unusual number of complaints we received related to Ahpra and the Boards' pandemic responses or policies (304 complaints; 37 per cent of complaints).

In 2021–22 notification-related complaints were made by 226 individuals. Interestingly, this is a 16 per cent increase in the number of individuals who made notification-related complaints (up from 195 in 2020–21). This means that more individuals contacted our office this financial year than last financial year but fewer individuals made multiple complaints.

Figure 8: Types of complaints to the Ombudsman, 2016–17 to 2021–22

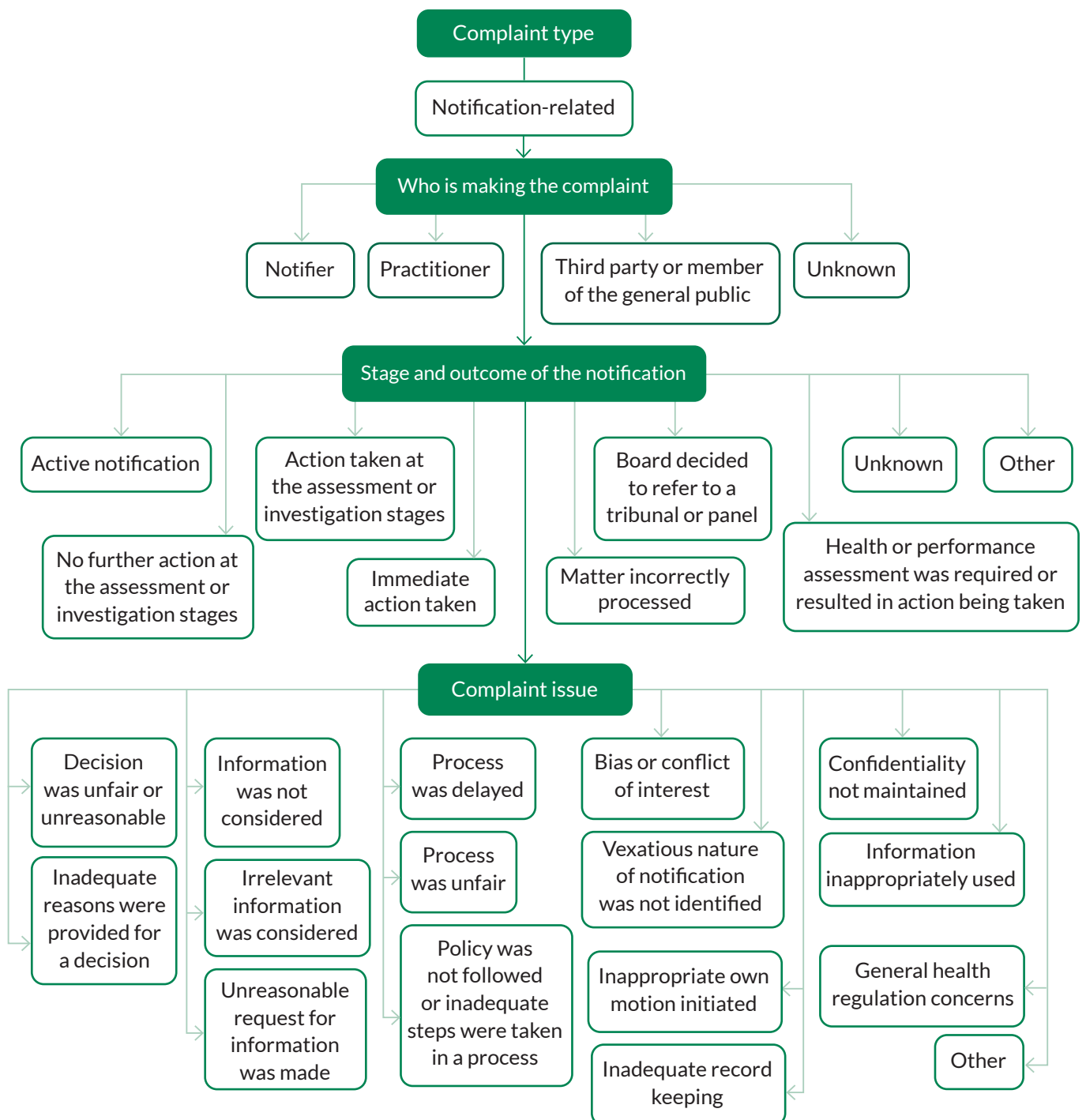


²⁷ Please note that New South Wales and Queensland have different arrangements in place to accept notifications about health practitioners.

How we record notification-related complaint information

We record information about notification-related complaints based on who is making the complaint, the stage and outcome of the notification and the complaint issues raised (Figure 9).

Figure 9: Notification-related complaint information we record



Who made notification-related complaints

Most complaints about the handling of a notification were made by the person who made the notification (the notifier) (213) including 30 complaints made by health practitioners who were acting as notifiers. This is a consistent trend in our complaint data.

A significantly smaller number of complaints were made by health practitioners who were the subject of the notification (85) and members of the public who were not a party to the notification (11). We generally receive fewer complaints from health practitioners about the handling of a notification made about them. Interestingly, however, this financial year we saw complaints by practitioners who were the subject of a notification increase (from 81 in 2020–21 to 85 in 2021–22), while complaints made by notifiers decreased (from 248 in 2020–21 to 213 in 2021–22).

Who notification-related complaints were about

Most notification-related complaints we received involved the medical profession, representing 68 per cent of notification-related complaints (211). This is consistent with the greater proportion of notifications Ahpra received about medical practitioners than about practitioners practising other professions in 2021–22.

Psychologists were involved in 10 per cent of notification-related complaints, and the nursing and midwifery professions were involved in 8 per cent of notification-related complaints (Table 8). While we generally receive comparatively less notification-related complaints about the nursing and midwifery professions, this year the proportion of complaints about the professions dropped from 15 per cent in 2020–21 (51 complaints) to 8 per cent in 2021–22 (25 complaints).

Table 8: Notification-related complaints, by health profession, 2021–22²⁸

Profession	Complaints related to notifications we received in 2021–22	All complaints we received in 2021–22	Notifications received by Ahpra in 2021–2022	Notifications closed by Ahpra in 2021–22	Registered health practitioners
Medical	211	575	6,176	5,874	131,953
Psychology	32	59	637	576	44,917
Nursing and midwifery	25	78	2,053	2,021	477,147
Dental	20	27	725	749	26,038
Paramedicine	5	13	152	132	23,053
Pharmacy	4	13	471	451	35,368
Chinese medicine	2	5	45	36	4,839
Medical radiation practice	1	3	41	34	18,601
Physiotherapy	1	8	136	133	40,018
Occupational therapy	1	6	76	84	27,666
Chiropractic	0	2	142	128	6,147
Osteopathy	0	1	41	32	3,147
Optometry	0	0	35	33	6,500
Podiatry	0	0	63	56	5,992
Aboriginal and Torres Strait Islander health practice	0	0	10	11	886
Other/unknown	7	33	–	–	–
Total	309	823	10,803	10,350	852,272

²⁸ Please note that New South Wales and Queensland have different arrangements in place to accept notifications about health practitioners.

Where notification-related complaints came from

Most notification-related complaints came from complainants located in Victoria (98), Western Australia (84) and Queensland (52) (Table 9). As noted previously, we generally receive more notification-related complaints from people in Victoria.

Our office does not have the power to receive complaints about how a notification (or complaint) has been handled by the Health Care Complaints Commission and the Health Professional Councils Authority in New South Wales. Complaints about the handling of notification-related matters from New South Wales consistently represent a small proportion of the notification-related complaints we receive (2 per cent in 2020–21 and in 2021–22).

We received 83 per cent more notification-related complaints from Western Australia in 2021–22 than in 2020–21 (up from 46 complaints to 84 complaints).

Ahpra received more notifications in Western Australia in 2021–22 than in 2020–21 (up from 1,210 notifications to 1,530 notifications). This also appears to correlate with increases in the number of issues recorded in complaints to our office that related to customer service and delays in Western Australia, including Ahpra's:

- failure to provide an update regarding a notification (from 3 issues in 2020–21 to 22 issues in 2021–22)
- failure to respond to contact regarding a notification (from 1 issue in 2020–21 to 11 in 2021–22)
- delay in processing an active notification when the complaint was made by the practitioner notified about (from 3 issues in 2020–21 to 16 issues in 2021–22).²⁹

We also saw a 54 per cent decrease in the number of complaints received from complainants located in South Australia (down from 74 complaints in 2020–21 to 34 complaints in 2021–22).

Table 9: Notification-related complaints made to our office, by location of the complainant, 2021–22³⁰

Location	Complaints we received related to notifications in 2021–22	All complaints received in 2021–22	Notifications received by Ahpra in 2021–22	Notifications closed by Ahpra in 2021–22	Registered health practitioners
Victoria	98	203	4,092	4,144	222,264
Western Australia	84	109	1,530	1,527	85,888
Queensland	52	103	2,622	2,110	175,067
South Australia	34	48	1,111	1,147	65,804
New South Wales	7	148	108	128	238,369
Australian Capital Territory	6	11	312	342	15,349
Northern Territory	4	8	152	156	8,842
Tasmania	3	9	304	318	19,225
Outside Australia	4	12	572	478	21,464
Unknown	17	172	(no place of practice)	(no place of practice)	(no place of practice)

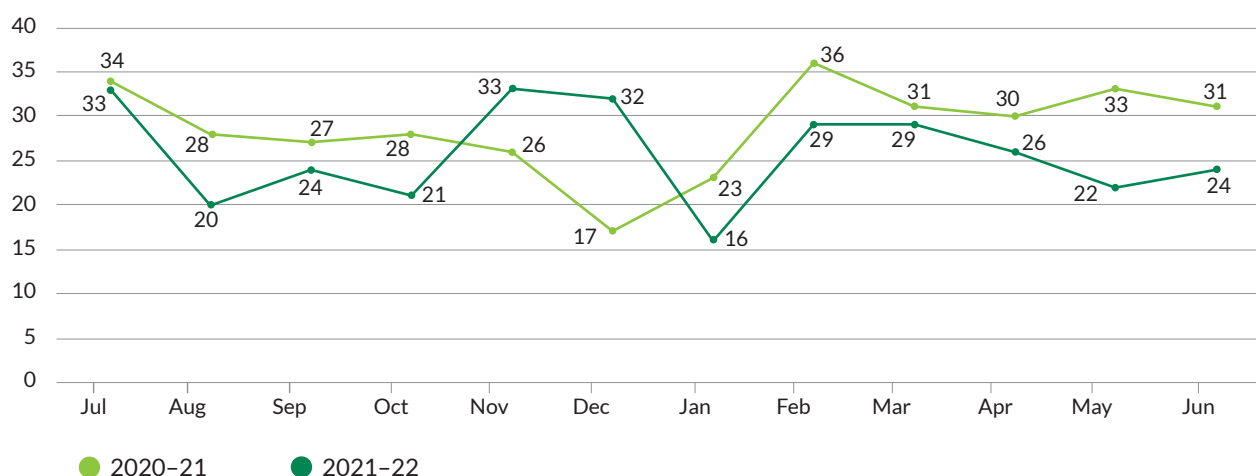
²⁹ Please note that 'issues' here refers to the primary issue (the most significant issue) recorded on each complaint. This is to ensure a more accurate correlation can be made between the number of complaints received and the number of issues recorded.

³⁰ Data for 'Notifications received by Ahpra in 2021–22', 'Notifications closed by Ahpra in 2021–22' and 'Registered health practitioners' was provided by Ahpra.

When we receive notification-related complaints

As Figure 10 shows, we received an unusual increase in the number of complaints related to the handling of a notification in November 2022 (see 'Pandemic-related complaints' for more information). Generally, however, we saw complaint peaks in July, November and December. We received fewer complaints in August and January.

Figure 10: Notification-related complaints received in 2020–21 and 2021–22, by month



Common notification-related issues

We recorded 510 issues across the 309 complaints we received about the handling of a notification in 2021–22.

The top five issues were a:

- notifier's concern that a Board's decision to take no further action at the assessment stage was unfair or unreasonable
- practitioner's concern that there had been a delay in Ahpra managing their active notification
- notifier's concern that the reasons for a Board's decision to take no further action at the assessment stage were not adequately explained
- notifier's concern that there had been a delay in Ahpra managing their active notification
- notifier's concern that a Board's decision to take no further action at the investigation stage was unfair or unreasonable.

A notifier's concern that a decision to take no further action at the assessment stage was unfair or unreasonable remained the most identified issue from last financial year. We also saw an increase in practitioners raising concerns about delays in Ahpra's management of an active notification (31 issues, up from 16 in 2020–21).

Delays in notification-related complaints

We regularly receive concerns about Ahpra's delays in managing notifications. Across the 309 notification-related complaints received in 2021–22, we recorded 110 issues about delays (22 per cent of the 510 issues recorded on notification-related complaints). Issues were mostly recorded in relation to active notifications (60; 55 per cent of all notification-related delay issues), notifications that had been finalised where the Board had decided to take no further action (19; 17 per cent) and notifications where immediate action had been taken against the practitioner (14; 13 per cent of all notifications-related delay issues). We have found that delays, and the commonly associated lack of communication about how a notification is being progressed, can cause frustration and often distress for those involved in the notification.

Delays in investigations following immediate action

In 2021–22 our office closely monitored Ahpra's delays in investigating notifications where the relevant Board had taken immediate action in relation to the practitioner. Our routine complaint handling reviews had alerted us to an increased number of issues raised by practitioners who had had immediate action taken against them.

We recorded 45 issues related to immediate action being taken compared with 24 issues in 2020–21. We found the increase concerning because immediate action is taken relatively infrequently by the Boards and can have significant impacts on the relevant practitioner's ability to work. Practitioners who have been suspended, or had significant conditions placed on their registration, often raise concerns with us about their financial and mental wellbeing. Fourteen of the recorded issues about immediate action being taken related to delays in 2021–22 compared with 10 issues in 2020–21. Unnecessary or avoidable delays in managing these notifications is particularly problematic because it exacerbates practitioners' concerns and prolongs their experience with the regulator.

Our consideration of the matters received in 2021–22 generally supported health practitioner concerns that there had been unreasonable delays in Ahpra's management of the notification made about them. In the current environment of the pandemic, it appears that one of the biggest barriers to promptly completing investigations of these notifications was high caseloads among Ahpra staff. We found that other causes of delay appeared to be:

- staff changes and delays in reallocating matters
- seeking and awaiting information from external organisations such as police or other bodies
- seeking and awaiting input from internal or external service providers such as independent opinion providers or legal advisors.

As the following case studies demonstrate, our office reiterated the Ombudsman's view that where immediate action has been taken, investigations should be finalised as promptly as possible. Individual outcomes we achieved included Ahpra prioritising the progression of the investigation, clarifying the next steps for the health practitioner and apologising to the practitioner for the delay.

At the system level we monitored this issue closely and discussed our concerns with Ahpra. Ahpra has advised that it is undertaking several activities to address concerns about delays including establishing a support team to assist with finalising older matters. We will continue to monitor progress in this area including whether we need to take further action to address these delays.



James's story

We received a complaint from a health practitioner, James, who was the subject of a notification and had immediate action taken against him. James was concerned that the delay in Ahpra's handling of the notification was detrimentally affecting him and that the required investigation updates had largely been ignored and lacked meaningful information.

What we found

Although we generally do not consider matters that are active with Ahpra, we made preliminary inquiries into the complaint due to the concerns about the delay and communication.

Our preliminary inquiries found significant delays in Ahpra's investigation, which had been ongoing for two and a half years. We also found that Ahpra had not responded to James's requests for progress updates and that the provided investigation updates could have been more comprehensive to assure him that the investigation was being progressed.

Complaint outcome

Ahpra provided James's legal representatives with an update on the status of the investigation and acknowledged and apologised for the significant delays in progressing the matter.

Ahpra confirmed that the investigation would be prioritised and handled in conjunction with senior management. It advised that a full review of James's case had been conducted and its approach to progressing the investigation discussed.

Finally, Ahpra acknowledged that inconsistent communication from its compliance and notifications teams in this matter was problematic and apologised for any stress this caused James. We reiterated to Ahpra the importance of providing written investigation progress updates every three months as required under the National Law.

Francisco's story

Francisco's legal representative made a complaint to the Ombudsman about Ahpra's delay in handling a notification made about Francisco four years ago.

Immediate action had been taken by the Board against Francisco, which was said to have caused him 'significant personal, professional and financial harm'. Francisco also believed Ahpra's complaint team's response to his concerns about the delay was unsatisfactory.

Although the notification was still active with Ahpra, our office made preliminary inquiries into the complaint due to our concern about the alleged length of the delay.

What we found

Our preliminary inquiries found the following:

- There were several periods of inactivity in Ahpra's management of the notification.
- Ahpra could have taken witness statements and requested an independent opinion report earlier in the investigation to improve its timeliness.
- There were external factors that contributed to the delay, which included waiting on information from another entity for seven months.

- Ahpra's required three-monthly investigation updates were considerably delayed and were only provided when requested by Francisco's legal representative.

Complaint outcome

We reiterated the Ombudsman's strong view that where immediate action has been taken the investigation of the matter should be completed as promptly as possible. In response, Ahpra agreed to progress the investigation as a matter of priority.

Ahpra also wrote to Francisco to provide more information about the next steps to finalise the investigation and provided a further apology for its delay. Ahpra's complaint team had previously also offered an apology and an update on recent investigatory activities.

Our office reassured Francisco that his matter would be considered as part of our ongoing monitoring of notifications Ahpra has been managing for over 12 months (aged notifications).

Hui's story

Hui made a complaint to our office about Ahpra and the Board's handling of an investigation after the Board took immediate action and placed conditions on her registration. Hui said she had 'lost all confidence in the process' and raised concerns about the delay and Ahpra's responsiveness.

Hui had not yet made a complaint directly to Ahpra, so our office initiated our early resolution transfer process with her consent. Ahpra's response outlined

that there had been two administrative oversights in the management of the practitioner's conditions on her registration.

Ahpra apologised for the administrative errors. Ahpra provided feedback about Hui's experience to its staff to ensure similar mistakes are avoided in the future. Ahpra also advised that the investigation had been expedited and would be considered by the Board later that month. Hui was satisfied with Ahpra's response.

Stage and outcome of notifications driving complaints

In general, a Board's decision to take no further action was the main driver of notification-related complaints (Table 10). This is a consistent trend and is likely due to most notifications being finalised by Ahpra and the Boards with a decision to take no further action (6,320 of the 10,350 notifications finalised).³¹ Another reason we may see more complaints like this is because there is no avenue for notifiers to request an external appeal of a Board's decision to take no further action. Practitioners who are the subject of regulatory action, however, can appeal to a relevant court or tribunal.

Table 10: Stage and outcome of notifications that drove complaints to us, 2020–21 and 2021–22

Type of notifications action taken by Ahpra or a Board	Total number of notification issues 2020–21	Total number of notification issues 2021–22
No further action taken at the assessment stage	233	157
Active notification	84	111
No further action taken at the investigation stage	45	86
Immediate action taken	24	45
Action taken at the investigation stage	35	27
Board decided to refer to a tribunal or panel	13	17
No further action taken at an unknown stage	11	16
Matter incorrectly processed	5	15
Unknown	14	12
Action taken at the assessment stage	18	11
Other	10	7
Health or performance assessment was required or resulted in action being taken	14	6

³¹ Data provided by Ahpra based on notifications closed in 2021–22 by outcome.

Problems driving complaints

A complainant's concern that a decision was unfair or unreasonable continued to be the most frequently recorded issue in notification-related complaints (153), as well as concerns about process delays (110) (Table 11).

We also saw an increase in complainant concerns about bias or conflicts of interest in notification-related complaints (from 8 issues in 2020–21 to 21 issues in 2021–22). There are many reasons this increase may have occurred including increased public scrutiny of Ahpra and the Boards in 2021–22 due to the Senate Community Affairs Reference Committee's inquiry into the administration of registration and notifications by

Ahpra and related entities under the National Law. Two thirds of the complaint issues we recorded about bias or conflict of interest in the handling of notifications were concerns of practitioners who were the subject of a notification (14 of the 21 issues). This increase coincided with practitioners raising more complaints with us about delays in the management of active notifications (from 16 issues in 2020–21 to 31 issues in 2021–22) and when immediate action had been taken (from 9 to 13 issues). This suggests those who were the subject of a prolonged investigation were more likely to perceive bias or conflict of interest in the notification process. More timely investigation of notifications could therefore improve the practitioner's perception of the fairness of the notifications process.

Table 11: Problems driving notification-related complaints, 2020–21 and 2021–22

Problems related to notifications (based on complainant's concerns)	Total number of notification issues 2020–21	Total number of notification issues 2021–22
Decision was unfair or unreasonable	213	153
Process was delayed	79	110
Information was not considered	40	55
Inadequate reasons were provided for a decision	39	52
Process was unfair	35	46
Inadequate steps were taken in a process	29	29
Bias or a conflict of interest	8	21
Vexatious nature of a notification was not identified	17	14
Other	5	9
General health regulation concerns	13	7
Policy not followed	0	4
Irrelevant information considered	12	3
Confidentiality not maintained	3	3
Information inappropriately used	7	2
Inappropriate own motion initiated	5	2
Unreasonable request for information	1	0



Camila's story

Camila raised concerns with us about how Ahpra and the Board handled the notification she made about the care her relative received from a health practitioner. Camila was concerned that the Board's decision to take no further action was not reasonable based on the information she had supplied. This information indicated that other health practitioners had agreed that her relative's surgical outcome was suboptimal and required immediate revision surgery.

We initially sought to resolve Camila's concerns through the early resolution transfer process with Ahpra after receiving her consent. However, Camila was dissatisfied with Ahpra's response and provided new issues for consideration. We therefore made preliminary inquiries into the complaint to request more information from Ahpra.

Our preliminary inquiries found there was an opportunity for Camila to provide new information to Ahpra for the Board's consideration.

Our office liaised with Camila to provide Ahpra with the new information. Ahpra advised that it had contacted Camila to inform her that the notification would be returned to the Board to consider the new information.

Outcomes of notification-related complaints

We finalised 351 complaints about the handling of a notification in 2021–22. The stages complaints were finalised in included:



149
complaints
at assessment



60
complaints at early
resolution transfer



63
complaints at
preliminary inquiry



79
complaints following
an investigation

The most common investigation outcome for notification-related complaints was our office providing the complainant with a further explanation about the concerns raised (69). We finalised these complaints by sharing more detailed information with the complainant about why a decision was made. This is consistent with previous complaint trends.

Other common investigation outcomes in notification-related complaints included providing feedback to Ahpra (33) and monitoring the concern as a systemic issue (12).

All the outcomes where we provided positive feedback to Ahpra were also about its handling of notifications. This is a significant increase from the previous financial year where this outcome was not recorded for notification-related complaints.

Other investigation outcomes included:

- feedback or training being provided to Ahpra staff (8)
- Ahpra or a Board providing an acknowledgement of a shortfall or poor experience, or an apology to the complainant (7)
- Ahpra or a Board reconsidering the matter (4)
- Ahpra or a Board agreeing to assess new material (3)
- the Ombudsman providing formal comments or suggestions for improvement to Ahpra (1)
- facilitating contact between Ahpra and the complainant (1) or a meeting between Ahpra and the complainant (1)
- Ahpra providing a further explanation to the complainant (1)
- Ahpra or a Board undertaking a change in policy or process (1).

Explanation of decision to take no further action in relation to a notification

We continue to regularly provide feedback to Ahpra and the Boards about the importance of providing clear and detailed explanations for their decisions. The most common notification-related issue we hear from complainants is that they are dissatisfied with a Board's decision not to take further action in relation to a notification they have made about a health practitioner. Providing appropriate reasons for a decision is an essential component of providing a fair process for notifiers and practitioners. When people are informed about why a decision was made, it can help them to:

- understand what facts or reasoning were used to come to the decision
- see whether the information they provided or arguments they put forward were understood, and whether they were appropriately considered
- decide whether to appeal or make a complaint.

Our most common complaint outcome for notification-related complaints involves our office providing a

more detailed explanation of why the Board made its decision. This sometimes includes ensuring that notifiers understand that Board decisions are primarily based on a broader consideration of whether a notification demonstrates that a practitioner's conduct or performance presents an ongoing risk to the public. Our office's role is to consider whether it was reasonably open to the Board to make its decision about a notification and whether appropriate processes and legislation have been followed, not whether the decision itself was right or wrong.

We have seen improvements in how Ahpra and the Boards communicate their decisions. Our office has particularly seen improvements in the notification outcome letters provided to those involved in matters finalised through Ahpra's low-risk notification framework following our engagement with Ahpra on this for the past two financial years. Our office has reiterated to Ahpra and the Boards that the quality of the reasons provided for a decision should not be compromised, particularly if it does not actively contribute to a more timely consideration of notifications assessed to be low risk.

Irene's story

Irene raised concerns with the Ombudsman about how Ahpra and the Board handled the notifications she made about two registered health practitioners. Irene disagreed with the Board's decisions not to take further action and was concerned that the new information she had provided to Ahpra had not been appropriately considered.

We investigated Irene's concerns to determine whether it was reasonably open to the Board to take no further action in relation to one practitioner and not open a new notification in relation to the other. We also sought to determine whether it was open to Ahpra to find that the additional information the complainant provided did not constitute 'new' information that should be considered by the Board.

Our investigation found that the Board had not expressed clear reasons for its decisions to take no further action in relation to one practitioner and not open a new notification about the other practitioner. We could therefore not be satisfied that it was reasonably open to the Board to make its decisions.

After consulting with Ahpra, we recommended that this matter be returned to the Board to obtain clearer reasons for its decisions. Ahpra accepted this recommendation.

Mahmoud's story

Mahmoud raised concerns with us about Ahpra and the Board's handling of a notification he made about a health practitioner. Mahmoud was dissatisfied with the Board's decision to take no further action.

Our office initially transferred the complaint to Ahpra through our early resolution transfer process. However, Mahmoud was dissatisfied with Ahpra's complaint response because he believed it did not comprehensively consider the information he provided. We began an investigation to further consider these concerns.

What we found

Our investigation found the following:

- It was reasonably open to the Board to decide not to take further action.

- All relevant information had been provided to the Board for its consideration.
- Mahmoud had received a detailed explanation for the reasons the decision was made.
- Ahpra had not responded to Mahmoud's request for a review of the Board's decision.

Complaint outcome

We provided positive feedback to Ahpra about the detailed and tailored reasons for the Board's decision that were provided to Mahmoud. We also suggested that notifiers expressing dissatisfaction about a Board's decision should be offered the opportunity to engage with Ahpra's complaint process.

Registration-related complaints

Registration is fundamental to achieving the National Scheme's aim of protecting the public by ensuring all registered health practitioners meet high-quality national professional standards.

To work in one of the 16 registered health professions practitioners must be registered by the Board that represents their profession. Registered practitioners must renew their registration every 12 months.

Registration-related complaints we received

This financial year, we received 149 registration-related complaints, which represents 18 per cent of all complaints to the Ombudsman. These complaints were made by 133 individuals and, as expected, mostly by health practitioners (93 per cent of registration-related complaints).

This financial year was unusual because it was the first time registration-related complaints were not the second most received type of complaint to our office (Table 12). This was due to the large number of pandemic-related complaints we received, resulting in registration-related complaints being the third most received type of complaint. The overall number of registration-related complaints received was a significantly lower than in 2020–21 (196 complaints; 34 per cent of complaints received). This appears to suggest that Ahpra has improved its management of registration matters.

Table 12: Types of complaints to the Ombudsman, 2016–17 to 2021–22

	Registration	Notification	Other
2016–17	90	208	65
2017–18	123	288	33
2018–19	233	305	48
2019–20	217	351	27
2020–21	196	344	41
2021–22	149	309	365

Types of registration applications driving complaints

Most of the registration-related issues recorded in 2021–22 were about general registration (61 per cent) and provisional registration (13 per cent) (Table 13). This is consistent with previous complaint trends because Ahpra receives the most registration applications about these registration types. We saw an increase in the number of issues recorded in relation to non-practising registration (10 issues up from 1 issue in 2020–21).

Table 13: Types of registration applications driving complaints, 2021–22³²

Registration type	Registration-related complaints in 2021–22	Applications received by Ahpra by registration type in 2021–22
General registration	88	57,070 ³³
Provisional registration	19	12,647
Limited registration	14	2,759
Other/unknown	11	N/A
Patient or general public	7	N/A
Non-practising registration	6	7,866
Specialist registration	4	4,710

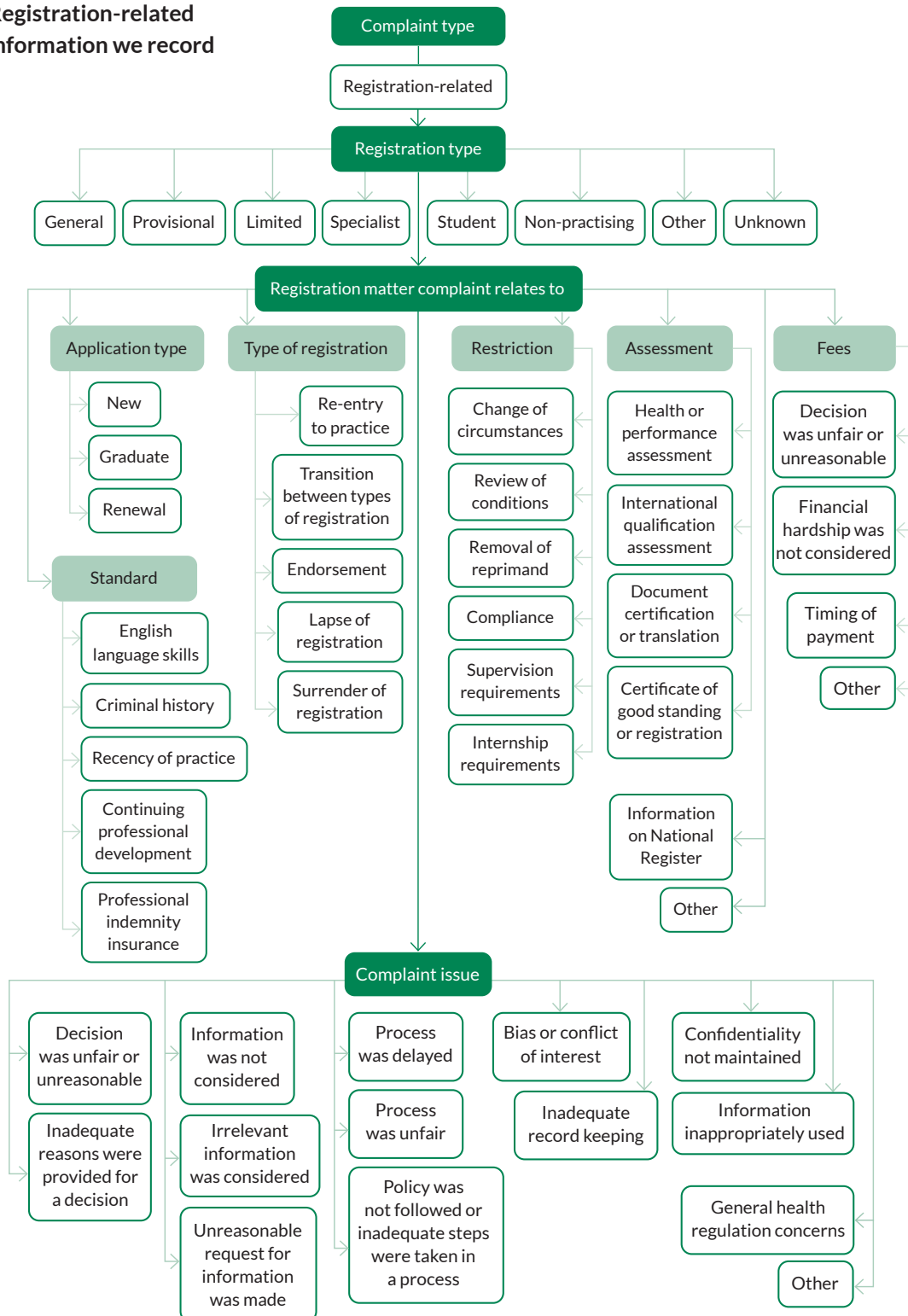
³² Data for 'Applications received by Ahpra by registration type in 2021–22' was provided by Ahpra.

³³ Please note that Ahpra's data includes general registration – teaching and assessment.

How we record registration-related complaint information

We record information about registration-related complaints based on the type of registration and the type of registration matter the complaint relates to (Figure 11).

Figure 11: Registration-related complaint information we record



Who registration-related complaints were about

Most registration-related complaints involved the medical (50) and nursing and midwifery professions (41) (Table 14). This is consistent with previous complaint trends.

All complaints we received about the osteopathy and chiropractic professions related to registration. In addition, most complaints received about the nursing and midwifery (53 per cent), paramedicine (54 per cent), pharmacy (62 per cent) and occupational therapy (83 per cent) professions were about registration issues.

Table 14: Registration and complaint numbers, by health profession, 2021–22³⁴

Profession	Complaints related to registration we received in 2021–22	All complaints we received in 2021–22	Registration applications received by Ahpra in 2021–22	Registered health practitioners
Medical	50	575	18,630	131,953
Nursing and midwifery	41	78	40,021	477,147
Psychology	20	59	7,431	44,917
Pharmacy	8	13	3,714	35,368
Paramedicine	7	13	2,677	23,053
Dental	5	27	1,901	26,038
Occupational therapy	5	6	2,851	27,666
Physiotherapy	4	8	3,807	40,018
Chinese medicine	2	5	713	4,839
Chiropractic	2	2	442	6,147
Osteopathy	1	1	335	3,147
Medical radiation practice	0	3	1,506	18,601
Optometry	0	0	482	6,500
Aboriginal and Torres Strait Islander health practice	0	0	169	886
Podiatry	0	0	373	5,992
Other/unknown	4	33	–	–
Total	149	823	85,052	852,272

³⁴ Data for 'Registration applications received by Ahpra in 2021–22' and 'Registered health practitioners' was provided by Ahpra.

Where registration-related complaints come from

Registration-related complaints were most commonly raised by complainants living in Victoria (44), New South Wales (27) and Queensland (20) (Table 15).

As expected, most complaints from New South Wales were about the registration process (27). This is due to the different arrangements in place for managing notifications in that state, which means we receive very few notification-related complaints from people living in New South Wales (7 complaints in 2021–22).

Table 15: Complaints made to our office, by location of the complainant, 2021–22³⁵

Location	Complaints we received related to registration in 2021–22	All complaints we received in 2021–22	Registration applications received by Ahpra in 2021–22	Registration applications finalised by Ahpra in 2021–22	Registered health practitioners
Victoria	44	203	21,224	21,291	222,264
New South Wales	27	148	21,185	21,215	238,369
Queensland	20	103	16,750	16,733	175,067
Western Australia	16	109	8,837	8,678	85,888
South Australia	6	48	6,409	6,386	65,804
Tasmania	4	9	1,550	1,547	19,225
Australian Capital Territory	3	11	1,471	1,470	15,349
Northern Territory	2	8	779	776	8,842
Outside Australia	6	12	6,847 (No place of practice listed)	6,045 (No place of practice listed)	21,464 (No place of practice listed)
Unknown	21	172			

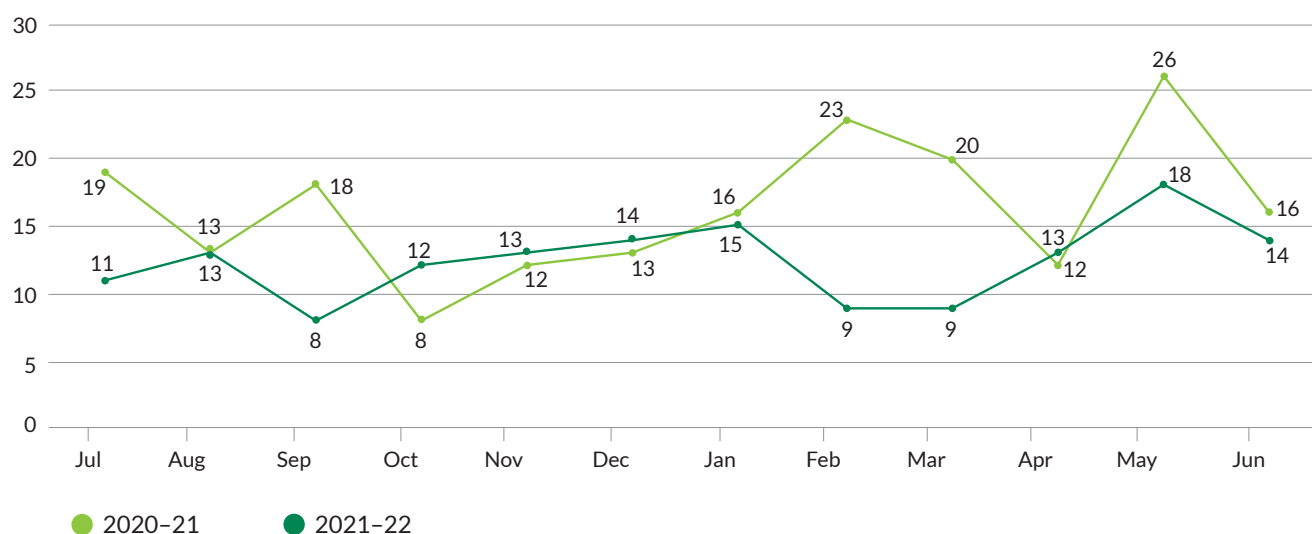
³⁵ Data for 'Registration applications received by Ahpra in 2021–22', 'Registration applications finalised by Ahpra in 2021–22' and 'Registered health practitioners' was provided by Ahpra.

When we receive registration-related concerns

The number of complaints we receive about registration each month varies based on registration activities being undertaken by Ahpra and the Boards over the course of the year. These activities include the increased number of graduates applying for registration after the university year finishes (and results are released), and the annual registration renewal deadlines for the medical and nursing professions. The number of complaints we receive can also be influenced by changes in Ahpra's processes or policies. For example, in 2021–22 this included Ahpra's decision to stop accepting registration fees via BPAY and changes in the assessment of international qualifications.

As Figure 12 shows, we received the most registration-related complaints in May 2022 (18 complaints). This is consistent with last financial year when May was also our busiest month (26 complaints received). However, we received fewer registration-related complaints in September 2021 (8 complaints) when compared with September 2020 (18 complaints). This appears to have been driven by an improvement in registration-related processes for the medical profession (complaints related to the profession went down from 12 in September 2020 to one in September 2021).

Figure 12: Registration-related complaints received in 2020–21 and 2021–22, by month



Common issues related to registration

We recorded 213 complaint issues across the 149 registration-related complaints we received this financial year.

The top five issues related to registration complaints were:

- delays in Ahpra's management of new applications for general registration
- an unfair or unreasonable decision made about the application of the English Language Skills Registration Standard in relation to an application for general registration
- a delay in the management of an application to review conditions on a health practitioner's general registration

- an unfair or unreasonable decision made about a new application for general registration
- unfair assessment of an international qualification in relation to an application for general registration.

In 2021–22 issues recorded in relation to the English Language Skills Registration Standard were identified more frequently than in 2020–21. We also recorded more issues where a complainant thought the assessment of their international qualification was unfair than issues related to delays in managing a graduate application for registration (replacing it as the fifth most commonly identified issue this financial year).

Most issues in 2021–22 were about concerns with a process (121), followed by dissatisfaction with a decision made in relation to a registration application (58) (Table 16). This is consistent with 2020–21.

Table 16: The action or problem driving registration complaints, 2020–21 and 2021–22

Action or problem (as described by the complainant)	Registration-related complaint issues recorded in 2020–21	Registration-related complaint issues recorded in 2021–22
Delayed process	103	61
An unfair or unreasonable decision	70	55
An unfair process	49	49
Unfair or unreasonable fees	6	8
Unreasonable request for information	10	7
General health regulation concerns	7	4
Other	5	4
Bias or conflict of interest in the process	4	4
Refusal to refund fees	3	4
Information not considered	13	3
Inadequate reasons provided for a decision	3	3
Other fee-related concern	0	3
Inadequate recordkeeping	2	3
Inadequate steps being taken as part of the process	9	2
Failure to follow a policy or process	2	2
Timing in fees	1	1
Inappropriate use of information	4	0
Failure to consider financial hardship	1	0

Delays in registration-related complaints

The issue of delays in Ahpra's handling of a registration matter is regularly raised with our office. We recorded 61 issues about delays across the 149 registration-related complaints we received in 2021–22. Pleasingly, this represents a decrease in the number of issues raised about delays in registration-related complaints from the previous financial year (103 issues recorded across 196 complaints). We also recorded fewer issues about delays in relation to registration matters than delays in managing notifications (110 issues recorded).

As in 2020–21, delays were most commonly recorded in relation to new applications for registration (23; 38 per cent). This suggests that Ahpra has improved the timely assessment and management of registration applications, leading to less dissatisfaction from applicants.

Generally, we have found that Ahpra takes accountability for delays we have identified in a complaint and provides an apology and explanation to the health practitioner. We have also generally seen Ahpra take action to ensure the practitioner is provided with information about the status of their matter, and the next steps for its progression.

Liam's story

Liam, a health practitioner, made a complaint to our office about Ahpra's handling of his application for registration and his subsequent application to remove conditions from his registration. Liam complained about Ahpra's communication throughout these processes, including that Ahpra had not appropriately informed him about temporary changes to registration requirements due to the pandemic.

We began an investigation to consider whether there had been delays in the handling of the matters, whether Ahpra's communication was fair and reasonable, and also whether the handling of the application to remove conditions from Liam's registration was fair and reasonable.

What we found

Our investigation found the following:

- There was a significant delay in Ahpra's handling of Liam's application for registration, which took more than 10 months to be assessed between February and November 2019. This included:
 - a delay of nearly five months for the application to be assigned to an Ahpra regulatory officer
 - a further three-month delay before the application was considered by the Board.This is a significant departure from the usual timeframe for assessing applications for registration, which is six to eight weeks.

- The delays contributed to Ahpra's poor communication with Liam, which included Ahpra not responding to correspondence.
- Ahpra had responded to a complaint from Liam, offered an apology for the delay in handling his matter and explained that the delay was caused by:
 - an unexpected increase in applications received
 - efficiency issues as Ahpra transitioned to a new national assessment model.
- Ahpra had adequately communicated the relevant temporary policy position to Liam.
- Ahpra and the Board's handling of Liam's application to remove the conditions from his registration was fair and reasonable.

Complaint outcome

We were pleased that Ahpra offered an apology to Liam for the delay in handling his application for registration.

While we acknowledged that Ahpra had communicated the details of the relevant temporary policy position, we advised Ahpra that it would have been better if Liam had also been directly advised when the temporary policy expired.

We continue to closely monitor the timeliness of Ahpra's handling of registration matters.



Zahra's story

Zahra made a complaint to our office about the timeliness of Ahpra and the Board's handling of her registration application. Zahra said that an excessive delay in managing her matter had been stressful, had negative consequences for her career, and greatly affected her mental health. Zahra also raised concerns that Ahpra's communication throughout the registration process had been inadequate.

Our office initially transferred the complaint (with Zahra's consent) to Ahpra through our early resolution transfer process. In response, Ahpra acknowledged that the time taken to assess the application was significant and outside of expected timeframes. Ahpra offered an apology and explanation for some of the delays, confirmed the application was scheduled for consideration by the Board without further delay and explained that the complainant's feedback would inform continuous improvement efforts. Zahra was not satisfied with Ahpra's response and we began an investigation into her concerns.

What we found

Our investigation found the following:

- While the registration application was complex, Ahpra's handling of the application was excessively delayed and could have been timelier. It took approximately two years for the Board to decide to refuse the application and the following delays were identified:

- After the application was received, Ahpra took two months to contact Zahra to advise her the application was being assessed.
- There was a two-and-a-half-month delay before the Board considered the matter once a required report was received.
- It took more than two months to organise for Zahra to sit an additional assessment required by the Board.
- Ahpra and the Board's overall communication with Zahra was adequate; however, there were some instances where written communication was not responded to in a timely way.
- While Ahpra had often provided brief updates to Zahra, Ahpra could have provided more information about the application's status, particularly given the time taken to process it.

Outcome of the complaint

Our office provided feedback to Ahpra about the delay and also reminded Ahpra about the importance of regularly providing meaningful updates to practitioners about the progress of their application.

Registration processes driving complaints

We recorded issues related to a range of different aspects of registration processes in 2021–22.

The most common issues recorded were about the management of a new application for registration (39 issues), the application of the English Language Skills Registration Standard (28 issues) and registration fees (16 issues) (Table 17). This is consistent with previous complaint trends.

Table 17: Issues related to the registration processes, 2020–21 and 2021–22

Registration processes	Registration-related complaint issues recorded in 2020–21	Registration-related complaint issues recorded in 2021–22
Processing of a new application for registration	46	39
Application of an English Language Skills Registration Standard	25	28
Fees for registration	13	16
Assessment of an international qualification	10	12
Transition between registration types	8	11
Re-entry to practice	18	10
Review of conditions	28	10
Processing of a renewal application	17	9
Change of circumstances application	16	9
Document certification or translation	2	8
Health or performance assessment	6	7
Information on the National Register	5	7
Lapse in registration	9	7
Access to a preferred practitioner	10	6
Supervision requirements	17	6
Processing of a graduate application	15	5
Internship requirements	9	5
Compliance activity	9	4
Other processes	27	14

Outcomes of registration-related complaints

In 2021–22 we finalised 165 complaints about the handling of registration matters. We recorded 218 outcomes across these 165 complaints. The most common outcome was that we found Ahpra's response to be fair and reasonable (without the need for investigation) (56 outcomes). This is consistent with complaint outcomes from previous years.

We finalised 12 complaints about the handling of a registration matter following an investigation, recording 24 outcomes across these complaints. The most common outcomes were providing the complainant with a further explanation about the concerns raised in their complaint (9 outcomes; 38 per cent of registration-related complaint investigation outcomes) and providing feedback to Ahpra (7 outcomes; 29 per cent of outcomes).

Isabella's story

A health practitioner, Isabella, made a complaint to the Ombudsman because she did not believe Ahpra had sufficiently alerted her that she was due to renew her registration. Isabella said this resulted in her registration lapsing and she was unable to continue seeing patients. Isabella submitted a fast-track application to Ahpra to become registered again, but she said this process took too long. She made a complaint to Ahpra's national complaints team about her concerns but felt that Ahpra did not respond in a timely manner.

What we found

Our office made preliminary inquiries into the complaint. We found the following:

- Ahpra's communication about registration renewal and its subsequent handling of the fast-track application for registration was reasonable. Ahpra had provided Isabella with four email reminders, sent a text message and also sent a letter to her prior to her registration lapsing.

- Isabella's fast-track application for registration was approved within two days of being lodged, as per the expected timeframe.
- Ahpra's national complaints team had responded to Isabella in a timely manner.

Complaint outcome

Although we acknowledged Isabella's frustration in this case, our office noted the success of Ahpra's new SMS reminder system for health practitioners. Ahpra advised that since the system was introduced in 2021, there had been a 54.8 per cent decrease in the number of fast-track applications made by medical practitioners when compared with the previous year. Our office was pleased to be advised that Ahpra intends to continue the SMS reminders for future renewal periods, including to allied health practitioners.

Applications for registration from overseas-trained health practitioners

The role of overseas-trained practitioners in Australia's health workforce has been highlighted during the pandemic, particularly in relation to concerns about workforce shortages. For example, it has been widely acknowledged that the aged care sector is currently facing many challenges, with the Commonwealth Department of Health estimating that an extra 14,000 nurses are needed to deliver the Labor government's commitment to require aged care homes to have a registered nurse on site for 16 hours a day by October 2023.³⁶ During the 2022 election, now Prime Minister Anthony Albanese said that his government would need to recruit overseas health workers as a 'stopgap measure'.³⁷ It is clear that there is an increased focus on the role of internationally qualified practitioners in responding to health workforce needs. This, in turn, highlights the importance of a robust but efficient registration process for these practitioners.

As expected, the pandemic significantly affected the registration process for overseas-qualified practitioners in 2021–22. Overseas-qualified applicants must, like all applicants, meet the registration standards of their health profession, including the English Language Skills Registration Standard and the Criminal History Registration Standard. Overseas-qualified applicants need their qualifications assessed and, in some cases, their professional knowledge and skills assessed through examinations. New pandemic-related issues arose this financial year due to applicants not being able to travel because of border closures, health orders or not being able to schedule examinations or attend testing sites in person. These issues often led to protracted application timeframes, which caused frustration and, in some cases, financial implications and lost job opportunities for applicants.

In some areas, Ahpra and the Boards sought to adapt existing processes to accommodate the new circumstances. For example, from 21 February 2022 the National Boards approved a temporary position to accept three new types of English language tests.³⁸ From March 2020 a new assessment framework was also introduced for internationally qualified nurses and midwives, which required applicants to complete an online self-assessment of their qualifications.³⁹ Those who held equivalent qualifications and met the existing standards progressed their application online.

However, in other areas, changes have not been made as quickly to accommodate new circumstances. For example, overseas-qualified nurses and midwives who do not meet the qualification criteria for registration must meet the requirements of an outcomes-based assessment (OBA), including completing a multiple-choice question examination (MCQ exam) and an objective structured clinical examination (OSCE). The OBA was introduced to replace the Bridging Program for Nurses. Applicants seeking to undertake the OSCE, however, must travel to South Australia to undertake the test. We have heard from complainants that travelling to South Australia to undertake the test requires significant resources, including the cost of undertaking the test itself. These costs can make it difficult, or impossible, for some applicants to attend. It also resulted in challenges when different states and territories had health orders in place that prohibited interstate travel or made travelling difficult for applicants.

Our office will continue to monitor the application process for overseas-trained health practitioners in the future, including the availability of relevant examinations.

36 Daniel, Dana, 'Overseas nurse recruitment drive needed to 'plug gaps' in aged care,' Sydney Morning Herald, 26 April 2022

37 Ibid.

38 The OET computer-based test and the OET@home test for applications received until 21 February 2023 and the TOEFL iBT@Home Edition for applications received until 1 June 2022 (later updated to 1 June 2023). Please note that these tests are accessible to all applicants (not solely overseas-trained applicants).

39 The development of this assessment framework predated the pandemic but was introduced in March 2020.

Mia's story

Mia, an internationally qualified nurse and midwife, contacted our office with concerns about how Ahpra and the Board had assessed her application for registration as a midwife. Ahpra and the Board had assessed her midwifery qualification as being relevant, but not equivalent, to an Australian qualification. This meant that Mia was required to successfully complete the OBA process to be eligible for registration. She was concerned about:

- a delay in publishing the candidate handbook for the MCQ exam, which meant this resource was not available when she first took the exam
- not receiving feedback when she first failed the MCQ exam
- the infrastructure for the new assessment framework for the midwifery profession not being in place (after passing the MCQ exam, Mia had sought to undertake the OSCE, but it was not ready to be delivered)
- having to travel to another state to undertake the OSCE, which caused financial stress and difficulties due to border closures and obligations to isolate.

What we found

We undertook an investigation into the complaint. We found the following:

- It was reasonably open to Ahpra and the Board to decide that Mia's qualification was not equivalent to an Australian midwifery qualification. However, Ahpra should have provided more detailed reasoning to her about the assessment of her qualification.
- It was reasonably open to Ahpra and the Board to decide that Mia was required to complete the OBA process to demonstrate her suitability for registration. However, Ahpra should have informed her when she was invited to undertake the OBA that it was not yet ready to be delivered. This would have allowed her to plan her next steps for the application or appeal processes.
- There was unreasonable delay in Ahpra's publication of the MCQ exam handbook, which contained information Mia should have had access to before sitting the exam.

- Mia was initially not provided with feedback about her failed MCQ exam.
- When provided, the feedback about the MCQ exam was different for midwives when compared with nurses (primarily due to the test being run by a different external agency).
- It was reasonably open to Ahpra and the Board to require Mia to travel to South Australia for the OSCE, but it would be better if the OSCE was available at additional locations in the future.
- Given the newness of the OSCE assessment (the first OSCE for the midwifery profession was staged in February 2022) it was not unreasonable that the Board began with one assessment location.
- It was unfortunate and understandably frustrating that the COVID-19 pandemic further exacerbated the difficulty internationally qualified midwives faced in accessing the OSCE.

Complaint outcome

Our office acknowledged that some of the identified concerns were due to the combined effects of implementing a new process and the pandemic, and they may naturally resolve over time. However, the Ombudsman provided formal comments and suggestions for improvement to Ahpra's CEO regarding several of the findings outlined above. This included:

- suggesting that Ahpra and the Board prioritise improving the quality of the reasons for assessing that an overseas qualification is not equivalent to an Australian one to enhance transparency and to avoid concerns related to discrimination
- acknowledging that while the pandemic has had an unexpected significant impact on the OSCE's delivery, Mia should have been given greater visibility of the new assessment framework and should have been informed that the OSCE would not be available for another 18 months
- suggesting that it would be better if the OSCE was made available in multiple locations in the future.

Ahpra also agreed to implement a new mechanism for providing feedback to midwives who have failed the MCQ exam.

English Language Skills Registration Standard

In 2021–22 we saw an increase in the number of issues recorded about the English Language Skills Registration Standard compared with in 2020–21 (from 25 to 28). As in previous years, a significant number of complaints related to the Nursing and Midwifery Board of Australia's Standard (14; 50 per cent of all recorded issues related to the Standard). While the causes of this increase are likely complex, it appears that our office received more complaints related to the accessibility of the English language test due to the pandemic. Complainants raised concerns, for example, that they could not find a centre where they could complete the test due to health order restrictions. Complainants also raised concerns that Ahpra did not accept their test result because the test they had completed was delivered using remote proctoring (online supervision) for all or part of the test.

While it would be easy to assume that complaints related to the Standard would be received from practitioners who were qualified in other countries, our complaints data suggests this is not the case. Fifty-seven per cent of these issues were raised by applicants who completed their qualifications in Australia (16).⁴⁰ A concern commonly raised is that applicants believed they should meet the English language skills requirement given their experience speaking English or completing the approved qualification for their profession in Australia. One complainant, for example, disputed the need to complete the English language test when they had completed high school in Australia and English is the only language they speak fluently. Another complainant

thought that they should not be required to undertake an English language test when they had completed 11 years of study in Australia including a master's degree. This issue was also raised this financial year in submissions to the Senate Community Affairs References Committee's inquiry in September 2021.⁴¹ The Australian Nursing and Midwifery Federation, for example, recommended that student registration be brought into line with practitioner registration. The Federation posited that this would avoid situations where students undertake a lengthy and costly course, only to discover their registration is not accepted because they do not meet all requirements for registration, such as the Standard.⁴²

The Senate Committee also reported that it had received evidence that the 'current English requirements may be perceived as discriminatory and do not recognise practical experience in English-speaking countries'.⁴³ This included concerns from Amnesty International regarding the rationale for the list of recognised countries in the Standard and concerns from Refugees, Survivors and Ex-Detainees (RISE) that the test 'does not provide the intended assurance of English language competency'.⁴⁴

Addressing systemic concerns related to the Standard continues to be a focus for our office. This financial year, we closely monitored issues recorded in relation to the Standard, and our complaint insights will continue to inform our work in this area. Our office looks forward to further engagement with the Boards regarding the upcoming public consultation on the Boards' revision of the shared English Language Skills Registration Standard.

40 Please note that this does not include complainants where it was unknown where they completed their qualification.

41 Senate Community Affairs References Committee, Administration of Registration and Notifications by the Australian Health Practitioner Regulation Agency and Related Entities Under the National Law, April 2022

42 Ibid.

43 Ibid.

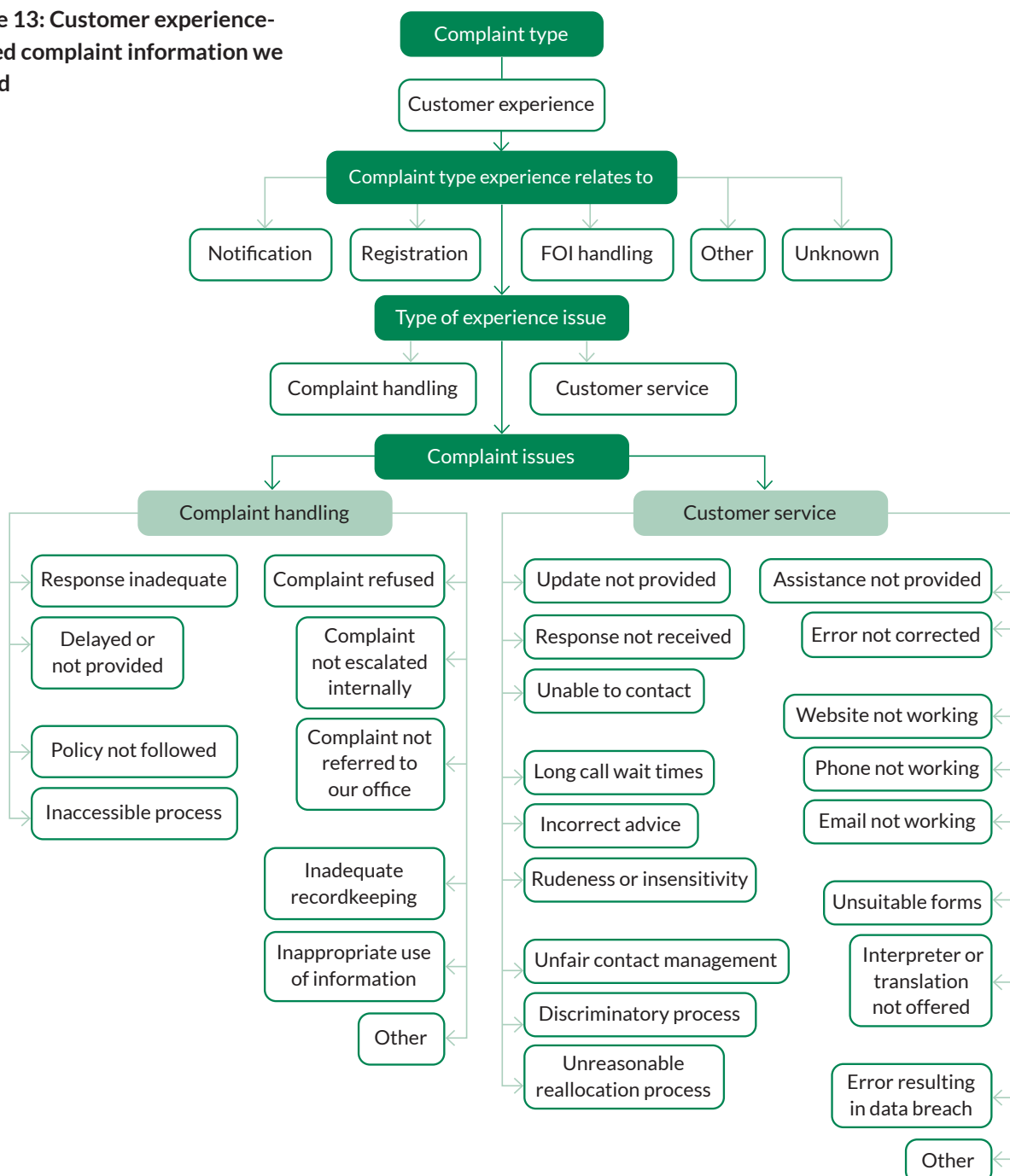
44 Ibid.

Customer experience complaints

Customer experience complaints relate to concerns about the customer service a complainant received from Ahpra, or how Ahpra handled their complaint. We received 29 customer experience-related complaints in 2021–22, including 26 complaints about Ahpra’s customer service and three about complaint handling concerns. This is consistent with 2020–21, which was the first year we began recording this type of complaint.

We record information about customer experience complaints based on the type of complaint the experience relates to, the type of experience issue identified and the complaint issues raised about that type of experience (Figure 13).

Figure 13: Customer experience-related complaint information we record



Customer experience issues

We recorded 235 customer experience issues across all complaints to the Ombudsman in 2021–22 (including notification-related and registration-related complaints). This included 185 issues about Ahpra’s customer service and 50 issues about Ahpra’s complaint handling. This represents 18 per cent of all issues recorded across all complaints to the Ombudsman in 2021–22.

It is important to note that we generally receive fewer complaints primarily about customer experience (29 in 2021–22 and 27 in 2020–21). However, we record a significantly higher number of issues related to customer experience across all complaint types (235 in 2021–22 and 257 in 2020–21). This indicates that customer experience-related concerns, such as communication problems, are frequently identified across all complaint types as a secondary issue.

Customer service issues

There are many teams within Ahpra that provide customer service to health practitioners and the public. This includes the customer service team, which is the first point of contact for many, and Ahpra’s operational teams including those managing notifications, registration, compliance and accreditation.

In 2021–22 we recorded 185 issues related to customer service. Customer service issues were more likely to be raised in relation to a notification-related complaint (118 issues) than a registration-related complaint (60 issues) or other complaint type (7 issues).

Customer service-related concerns were generally about communication (169; 91 per cent). The most common communication-related issue was that Ahpra did not provide a reasonable update (58) or did not respond to the complainant’s efforts to make contact (59). This is consistent with the most commonly raised communication issues in 2020–21. Other issues raised by complainants included Ahpra being uncontactable (12) or providing incorrect advice (15).

As the case studies in this report show, there are ongoing opportunities for Ahpra to improve how it communicates, particularly how it provides updates and information to notifiers and practitioners involved in the notifications process. Our office does recognise, however, that like most workplaces across Australia, Ahpra has been affected by pandemic-related issues such as increased staff absences and changing processes to manage a hybrid working environment.

Yusef's story

Yusef raised concerns with us about a delay and poor communication from Ahpra during the notifications process. He said that the Ahpra regulatory advisor assigned to his matter could not take his calls and that his calls were not returned.

While we generally do not become involved in active matters, we made preliminary inquiries to Ahpra to get more information about the stated delay and communication issues. We found the following:

- There had been an unreasonable delay in Ahpra's management of the notification. However, Ahpra had acknowledged and apologised for this delay, and the notification subsequently appeared to be progressing in line with the standard timelines.

- Yusef had repeatedly tried to contact the Ahpra regulatory advisor and his calls and emails had not been returned within the timeframes outlined by Ahpra's customer service team. This appeared to be because the regulatory advisor was absent.

We provided feedback to Ahpra that it would be beneficial if its customer service team was able to see whether a staff member was on leave. This would allow more accurate advice to be provided about potential response times.

Amelia's story

Amelia first contacted our office to raise concerns that she had not been able to contact Ahpra to make a notification and had been on hold on the phone to Ahpra for two hours. We encouraged Amelia to contact Ahpra again because Ahpra was the appropriate entity to hear her concerns. Amelia was then able to contact Ahpra but returned to our office to raise concerns that Ahpra had not called her back the next day as promised. She was very distressed because she felt she had not been listened to.

We explained the role of Ahpra's notifications process to Amelia to ensure she understood what outcomes were possible. We then made preliminary inquiries into the complaint and requested that a member of Ahpra's notifications team contact Amelia to discuss her notification. We also requested that Ahpra help Amelia as a matter of urgency due to our concerns about her wellbeing.

Ahpra confirmed that its notifications team had spoken to Amelia and that her notification had been successfully lodged.

Complaint handling-related complaints

Ahpra has an established complaint handling policy and procedure. Ahpra generally manages complaints through two stages:

- Stage 1 complaints are those that can be managed quickly by frontline staff.
- Stage 2 complaints raise complex issues and/or require more time to review and resolve.

Stage 2 complaints are usually managed by Ahpra's national complaints team. We generally request that (wherever possible) people first make a complaint to Ahpra before contacting our office.

We identified 50 issues related to Ahpra's complaint handling across all complaints to the Ombudsman (4 per cent of all issues).

Concerns were generally about:

- Ahpra's complaint response (33; 66 per cent)
- Ahpra's complaint handling process (17; 34 per cent).

Response-related issues included concerns about an inadequate response (16), a failure to provide a response (11) and a delayed response (6).

Process-related issues included concerns about a failure to escalate the complaint internally (7) or to refer a complainant to our office to make a complaint (5).

As seen with customer service-related complaints, more issues were recorded in relation to the handling of a notification (36) than a registration matter (12). This is not consistent with the previous financial year when complaint handling issues were almost evenly distributed between notification and registration-related issues (identified 31 times in notification-related complaints and 33 times in registration-related complaints). This suggests that Ahpra's complaints team was less successful in addressing concerns related to notification-related complaints in 2021–22. However, it also indicates that there has been significant progress in how Ahpra's complaints team has responded to registration-related complaints.

Luca's story

Luca contacted our office because he was dissatisfied with the outcome of a notification he had made to Ahpra following the death of a loved one in hospital.

Although the Board had taken action against the practitioner, Luca was concerned that the Board had not addressed all the issues outlined in the notification.

We began an investigation into Luca's concerns. We found that the handling of the notification was fair and reasonable and that the concerns and information he provided had been considered by Ahpra and the Board. However, we also did not

identify a time where a staff member offered their condolences or sympathies for the loss of Luca's family member while the notification was active.

While we found that the handling of the notification had adequately addressed the issues raised, we provided feedback that Ahpra and the Board's communications could have been more empathetic during the notifications process. We did, however, commend Ahpra's national complaints team for their respectful and compassionate correspondence.

Other complaint types

This financial year we received 14 complaints about accreditation in the National Scheme. Our office currently accepts complaints about the processes of accreditation committees established by the Boards. We received more complaints about accreditation than in 2020–21 (8 complaints). This is likely attributable to greater awareness of our office's role due to the Ombudsman and Commissioner's current review into accreditation processes (see 'Enhancing accountability').

We received 10 complaints about the handling of FOI matters in 2021–22. Due to the Commissioner's FOI review functions, we generally only consider FOI matters as complaints to the Ombudsman if they relate solely to concerns about how an FOI matter was handled, not an FOI decision. This includes the inappropriate use of information during the FOI process and the failure to appropriately consult about the release of requested documents.

We received more complaints about the handling of FOI matters in 2021–22 than in 2020–21 (10 complaints in 2021–22, up from 2 complaints in 2020–21). We have found that often those seeking information under federal FOI laws want to know more about the management of, and decision about, a notification they made. This means that sometimes while we are handling a notification-related complaint, the complainant will raise an issue about the fairness of Ahpra's FOI process, which we then consider as an FOI complaint.

The number of complaints we received about the handling of a statutory offence matter in 2021–22 was the same as in 2020–21 (4 complaints in each financial year).



Privacy

The *Privacy Act 1988* (Cth) sets out how privacy is protected in Australia. The Act has 13 Australian Privacy Principles (APPs) that govern the protection of privacy including:

- how personal information is collected, used, shared or corrected
- the responsibilities of organisations and agencies
- rights to access personal information.

Our role

Our office accepts complaints to the Commissioner about the handling of personal information by Ahpra and the Boards. Ahpra and the Boards keep records that may contain personal information including:

- registration, notification and investigation files
- public register information such as previous registration and disciplinary information
- legal files
- employment files
- general administration files and documents.

When we receive a complaint about the handling of personal information we can decide:

- what action should be taken to resolve a complaint
- whether compensation should be awarded for any loss or damage suffered due to a breach of privacy
- that the handling of personal information was reasonable and take no further action.

Our powers to consider privacy complaints come from the Privacy Act, which has been modified by the Health Practitioner Regulation National Law Regulation (2018).

Complaints to the Commissioner

This financial year our office received 13 privacy complaints to the Commissioner. These complaints were made by 11 individuals. This is a significant increase in the number of privacy complaints we receive. For example, in 2020–21 we received three complaints and in 2019–20 we received one complaint. There are likely many reasons for this increase in complaints including greater awareness of our office and role in assisting with concerns about the use of personal information.

Most privacy complaints we received in 2021–22 related to the medical (7), nursing (3) and dental (2) professions. This is consistent with trends seen in complaints to the Ombudsman.

We recorded 20 issues across the 13 privacy complaints we received. We record privacy complaints differently from complaints to the Ombudsman. Privacy complaints to the Commissioner are recorded based on the APPs. The most common issues we recorded in 2021–22 related to:

- APP 6 – inappropriate use or disclosure (10)
- APP 2 – anonymity and pseudonymity (3)
- APP 13 – correction of personal information (2)
- APP 12 – access to personal information (2).

We also recorded one issue related to APP 5 (notice about collection), APP 10 (quality of personal information) and APP 11 (security of personal information).

Inappropriate use or disclosure (APP 6)

The inappropriate use or disclosure of personal information was recorded as an issue in most of the privacy complaints we received (10). APP 6 outlines when an APP entity, such as Ahpra or a Board, may use or disclose personal information. Ahpra or the Board are generally required to only use and disclose an individual's personal information in ways the individual would expect (or where an exemption applies). Most of the complaints we received in relation to APP 6 involved concerns about Ahpra inappropriately using or disclosing information about a notifier (8), a practitioner (1) or a third party (1). Notifiers raised concerns that they thought Ahpra had breached their privacy by providing a health practitioner who was the subject of the notification they made with their personal information (such as their name, statement and supporting information about the notification).

In three of these complaints the notifier had sought for their identity to remain confidential to the practitioner who was the subject of the notification, but their name had been inadvertently released by Ahpra (for more information see 'Inadvertent release of information about confidential notifiers').

Outcomes of privacy complaints

Our office finalised 10 complaints made to the Commissioner this financial year. This is a significant increase from 2020–21 when we finalised two complaints. These complaints were finalised during the assessment (5) or the preliminary inquiry (5) stage. The most common outcome was our office deciding that an investigation was not warranted in the circumstances (7).

Jakob's story

Jakob contacted us to raise concerns about Ahpra's handling of their request to correct or remove personal information that it held.

Jakob did not agree with Ahpra's decision to refuse to correct or remove the personal information about them that was contained in correspondence from health practitioners in relation to a notification. Jakob said that Ahpra's failure to correct or remove this information could cause them reputational damage if it was accessed or reviewed by others.

Our office undertook preliminary inquiries into Jakob's concerns. We confirmed that APP 13.4 provides that if an entity refuses to correct personal information as requested by an individual, the individual can request the entity associate a statement that the individual believes the personal information to be inaccurate, out-of-date, incomplete, irrelevant or misleading.

We suggested that to reach an effective resolution, Ahpra could agree to accept a statement from Jakob to keep on record as part of the notification that explained their concerns about the information. Ahpra confirmed that Jakob was welcome to make a request to associate their statement with the notification. We shared this information with Jakob, along with guidance on how to make the request and statement to Ahpra.

Notifiable Data Breaches Scheme

Under the Notifiable Data Breaches Scheme, Ahpra and the Boards must notify our office about any data breach involving personal information that is likely to result in serious harm. This is called an 'eligible data breach'.

The Notifiable Data Breaches Scheme's main purpose is to 'ensure individuals are notified if their personal information is involved in a data breach that is likely to result in serious harm'.⁴⁵ Essentially, by informing individuals about a data breach, they can act to reduce any potential problems or harms from the breach. At the system level, the scheme also helps to keep those holding personal information accountable for protecting privacy and encourages them to take privacy breaches seriously. This in turn helps to build trust that entities such as Ahpra and the Boards handle personal information appropriately.

This financial year we received eight eligible data breach notifications from Ahpra. This is a significant increase from the one eligible data breach notification we received in 2020–21. Last financial year was the first year that our office had received an eligible data breach notification since our role in the Notifiable Data Breaches Scheme began in February 2019. This suggests that the significant increase in eligible notifications this year is likely due to increasing awareness of our office's role and Ahpra's responsibility to report eligible data breaches to our office following its work to update its privacy policy and associated procedures.

Eligible data breaches in the National Scheme

A data breach is when personal information Ahpra or a Board holds is lost or subjected to unauthorised access or disclosure. For a data breach to be eligible, and therefore require notification to our office, it must be:

- likely to result in serious harm to any individual
- that remedial action taken by Ahpra or the Boards has not successfully prevented the likely risk of serious harm.

Ahpra and the Boards are also required to notify individuals involved of the eligible data breach and recommend steps they should take in response.

Although notification is not formally required for breaches assessed to be unlikely to result in serious harm to those affected, we welcome voluntary disclosure of any data breaches by Ahpra and the Boards.

How we handle eligible data breach notifications

When we receive an eligible data breach notification, we may choose to make further enquiries about the data breach. This may be, for example, to get more information to assess Ahpra's or the Board's response.

We then consider the information provided, including the type and sensitivity of the data breach and the number of people involved. We explore whether:

- the data breach has been contained or is being contained where possible
- Ahpra or the Board has taken, or is taking, reasonable steps to mitigate the impact of the breach on those at risk of serious harm
- Ahpra or the Board has taken, or is taking, reasonable steps to minimise the likelihood of a similar breach occurring again.

⁴⁵ Office of the Australian Information Commissioner, Data breach preparation and response. A guide to managing data breaches in accordance with the Privacy Act 1988 (Cth), July 2019

Based on our assessment of this information, we may take a range of actions including deciding:

- appropriate action has been taken
- to offer guidance and assistance in relation to possible remedial action or steps that can be taken by Ahpra and the Board to reduce the likelihood of a similar breach occurring in the future
- to take regulatory action.

While the Commissioner can take regulatory action, we generally prefer to work collaboratively with Ahpra and the Boards to ensure compliance with the Privacy Act.

Notifiable data breaches we received

Each of the eight eligible data breach notifications we received this financial year related to Ahpra's inadvertent disclosure of personal, sensitive or protected information. Notably, five of the notifications related to the disclosure of information about a confidential notifier to the practitioner who was the subject of the notification. The other eligible data breaches related to the inadvertent disclosure of information to a third party by email (2) and the inadvertent disclosure of a practitioner's address to a notifier (1).

We decided that Ahpra had taken appropriate action to address the issue in six of the eligible data breaches. We provided guidance to Ahpra regarding further appropriate action to address two of the eligible data breaches. These outcomes suggest that Ahpra has generally appropriately responded to instances where a data breach has occurred.

Our office will continue to monitor the increase in the number of eligible data breaches to determine whether further action is necessary to address identified issues.

Inadvertent release of information about confidential notifiers

Our office is closely monitoring concerns around the disclosure of information about a confidential notifier to the health practitioner who is the subject of a notification. As detailed in the Ombudsman and Commissioner's review of confidentiality safeguards for people making notifications about health practitioners, it is vital that Ahpra and the Boards receive notifications about registered health practitioners, regardless of the source of those concerns.⁴⁶ This is because notifications play an essential role in alerting the regulators to potential risks to public safety. Notifiers may wish for Ahpra to keep their identity withheld from the practitioner who is the subject of their notification for many valid reasons including to:

- mitigate risks to their health and safety, or risks of intimidation or harassment
- help preserve the notifier's ongoing relationship with the practitioner (for example, where the notifier and practitioner are colleagues in the same workplace).

It is essential that the confidentiality of these notifiers is maintained wherever possible. Our office will continue to monitor whether this issue continues to occur and will provide guidance to Ahpra about compliance with the Privacy Act as required.

46 National Health Practitioner Ombudsman, Review of confidentiality safeguards for people making notifications about health practitioners, December 2019



Case study

Our office was notified by Ahpra about an eligible data breach. Ahpra explained the following:

- An Ahpra staff member had mistakenly sent the name of a notifier to the health practitioner who was the subject of the notification. The notifier had said that they did not wish for their name to be disclosed to the practitioner.
- Numerous attempts were made by Ahpra to contact the practitioner by email and phone to request that they delete the email, but a response was not received from the practitioner.
- The notifier contacted Ahpra to express concern that the practitioner had sought to contact them, and they felt that the disclosure of their identity to the practitioner posed a threat to their wellbeing.
- The Ahpra staff member immediately notified the police and the police detailed how the matter would be managed.

We sought more information from Ahpra about whether the practitioner had responded and Ahpra's review of the circumstances that led to the incident. We also requested clarification about how Ahpra had contacted the notifier, and whether the appropriate information had been provided. In response, Ahpra advised that:

- the practitioner had not responded to or engaged with Ahpra in relation to the data breach

- the notifier had provided information about police action in relation to the matter
- Ahpra had completed and documented its review of the matter as a Serious Incident
- the staff member's error appeared to be due to misreading information
- the staff member had apologised to the notifier formally and advised that they had the right to make a complaint to our office, and provided details about how to contact us
- the staff member's future release of personal information would be supervised and guided
- the staff member's team had been made aware of the incident to remind them to be mindful of the issue.

We considered the information provided and decided that Ahpra had taken appropriate action to respond to the eligible data breach. We were satisfied that:

- Ahpra had appropriately notified affected individuals as required
- Ahpra undertook a review of the circumstances that gave rise to the inadvertent release of information
- Ahpra had taken reasonable steps to mitigate the impact of the breach on the individuals at risk of serious harm and to minimise the likelihood of a similar breach occurring again.



Case study

Our office was notified by Ahpra about an eligible data breach that occurred because of human error by an Ahpra staff member. Ahpra advised the following:

- An Ahpra staff member had sent a notice of an investigation to the practitioner who was the subject of a notification and this notice included the name of the notifier. The notifier had requested that their identity remain confidential.
- Ahpra was contacted by the notifier who said they were concerned that the practitioner had learned their name.
- Ahpra reviewed the matter and discovered the data breach.
- Ahpra contacted the practitioner to request that they delete the notice of investigation and the practitioner agreed.

- Ahpra contacted the notifier to inform them of the details of the breach.
- Ahpra scheduled training for its staff about checking the relevant information on its case management system, particularly when reviewing newly assigned investigations.

The Commissioner provided guidance to Ahpra about managing data breaches of this kind. The Commissioner noted that the same type of privacy breaches had continued to occur and that Ahpra had previously advised that remedial action in the form of staff training had been provided. The Commissioner suggested that Ahpra consider whether there are issues at a systems level that need to be addressed to avoid breaches continuing to occur. Our office continues to monitor this issue.

Freedom of information

Everyone has the right to request access to information held by Ahpra, its Management Committee and the Boards under the *Freedom of Information Act 1982* (the FOI Act).

The FOI Act's purpose is to:

- give the Australian community access to information held by government by requiring agencies to publish that information and by providing a right of access to documents
- promote Australia's representative democracy by:
 - increasing public participation in government processes, with a view to promoting better-informed decision making
 - increasing scrutiny, discussion, comment and review of government activities
- increase recognition that information held by government is to be managed for public purposes and is a national resource.

Our role

Our office provides oversight of Ahpra's application of the FOI Act. Mostly, we provide oversight by considering applications to review a decision made by Ahpra under the FOI Act.



18

FOI review applications received



12

FOI reviews started



12

FOI reviews finalised



2

FOI review decisions published

FOI review applications

People generally apply to the Commissioner to review an FOI decision because either:

- they are unhappy with Ahpra's decision not to give access to documents or information they requested, or
- they are unhappy that Ahpra has decided to release information about them that they believe should not be released.

We can choose to conduct a review in whatever way we consider appropriate, with as little formality and technicality as possible. Generally, a staff member from our office will manage the application for review. However, only the Commissioner can make the final decision after a review has been completed.

Other FOI matters

Our office can also consider a range of other matters related to FOI including:

- notices of extensions of time for Ahpra to manage an FOI request as agreed between Ahpra and the FOI applicant
- applications for an extension of time for Ahpra to manage an FOI request (where there has not been an agreement with the applicant)
- applications for an applicant to be declared vexatious.

We generally do not receive many matters of this kind, and this was the case in 2021–22.

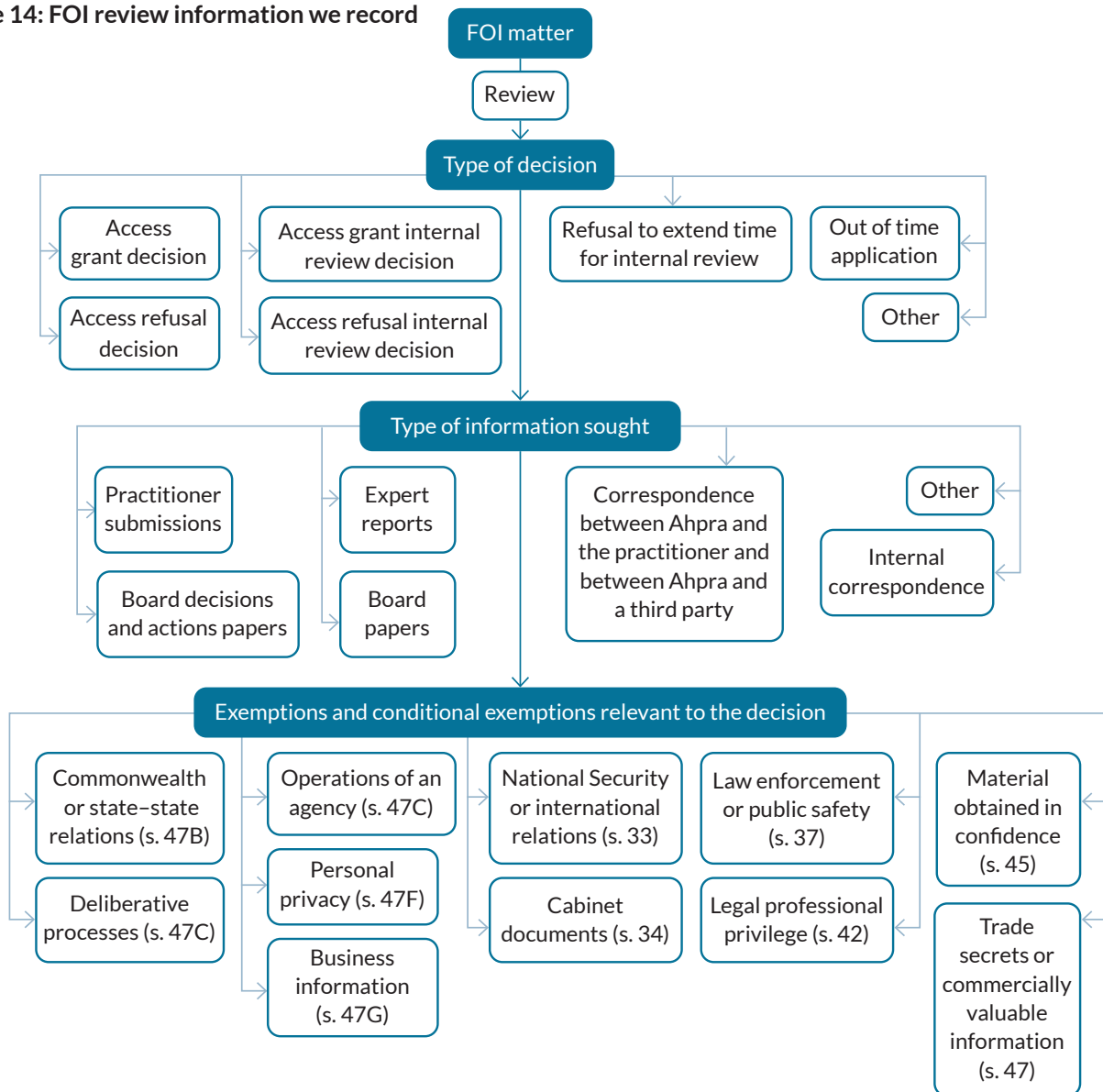
FOI review applications we received

A review application must be in writing and include a copy of Ahpra's FOI decision that the applicant would like reviewed along with the applicant's contact details.

Ahpra received 286 FOI applications this financial year and 21 applications for an internal review of a decision.⁴⁷ This financial year we received 18 applications to review a decision made by Ahpra. This is a small increase in the number of applications compared with 2020–21 (16).

We record information about FOI review applications based on the type of decision the application relates to, the type of information sought and the exemptions or conditional exemptions relevant to the decision (Figure 14).

Figure 14: FOI review information we record



⁴⁷ Data provided by Ahpra.

Types of FOI review application decisions we received

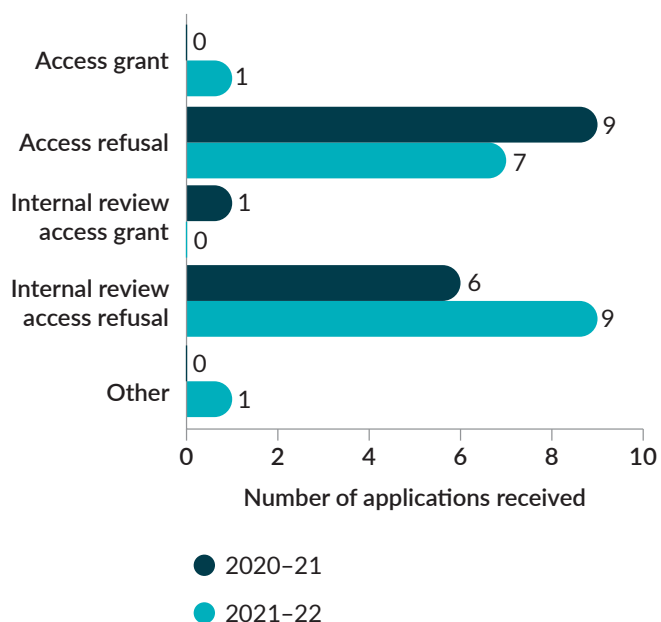
We can consider several types of FOI review decisions made by Ahpra. This includes applications to review a decision where Ahpra:

- did not release documents or certain information requested by the applicant (called an access refusal decision)
- has decided to release documents or certain information that the applicant has requested are not disclosed (called an access grant decision)
- has reviewed its original FOI decision to grant or refuse access (called an internal review decision).

We can also consider applications for a review of Ahpra's refusal to extend the timeframe for an applicant to request an internal review of an FOI decision.

We received seven applications to review an access refusal decision and nine applications to review an internal review access refusal decision. This is consistent with the number of applications we generally receive. We also received one application to review an access grant decision and one invalid application where the applicant had not received an FOI decision from Ahpra (Figure 15).

Figure 15: Types of FOI decisions that were the subject of review applications in 2020–21 and 2021–22



Types of information sought and relevant exemptions

Applicants most frequently sought Board papers (14) and practitioners' responses to a notification (13). These information requests generally related to the applicant's concerns about a notification they had made to Ahpra and its consideration by the relevant Board.

Most reviews considered Ahpra's use of conditional exemptions related to operations of an agency (section 47E) (23) and personal privacy (section 47F) (19). These trends are mostly consistent with the types of information and exemptions we generally see in review applications.

Our office did find, however, that there was a more diverse range of issues raised in FOI review matters in 2021–22. For example, we received matters ranging from requests for information related to Ahpra's statement about COVID-19 vaccination to accessing its metadata.

Outcome of FOI review applications

In 2021–22 we finalised 12 FOI review applications. We finalised most applications at the assessment stage (5) and the review stage (5). Two applications proceeded to a final determination by the Commissioner.

Assessment stage

When we receive an FOI review application, we assess it to determine whether we can, and should, initiate a review.

We did not progress one review application at the assessment stage because it was not valid (the application did not relate to an FOI decision made by Ahpra). We also declined to commence a review in relation to two applications because the:

- applicant agreed to make an internal review application to Ahpra first (1)
- application was lacking in substance (1).

Two applications were withdrawn by the applicant in the assessment stage. One applicant decided to withdraw their application because their internal review matter with Ahpra about the same FOI request was ongoing, and the remaining application was withdrawn while the applicant's other review matter with us was ongoing.

Review stage

If we decide to review an Ahpra FOI decision, we ask Ahpra to provide information about the issues under review. We may also invite the applicant to provide further information.

After considering the available information, we generally form a preliminary view and advise the

relevant parties of our view. Five reviews were finalised at the review stage in 2021–22.

One applicant decided to withdraw their application for review after we provided them with a preliminary view that we would likely affirm Ahpra's FOI decision. Another applicant withdrew their application because they already had an active internal review open with Ahpra in relation to the same decision.

Three reviews were discontinued by us because:

- after we provided the applicant with our preliminary view, we decided the application was lacking in substance (1)
- we decided the matter should be considered by a tribunal due to a conflict of interest (1)
- the applicant failed to cooperate (1).

Determination stage

If a review application is not finalised during the review stage, the Commissioner may make a final decision on the matter. After considering relevant documents and submissions from those involved, the Commissioner can decide to:

- affirm Ahpra's decision (not change it)
- vary Ahpra's decision (not change the decision itself but modify aspects of it), or
- set aside Ahpra's decision and make a fresh decision.

In 2021–22 the Commissioner made two FOI review decisions. In 'AF' the Commissioner set aside and substituted Ahpra's FOI decision and in 'AG' the Commissioner affirmed Ahpra's FOI decision.

The Commissioner's review decisions are published on our FOI review decisions webpage <www.nhpo.gov.au/foi-review-decisions>.



Financial statement

Our funding arrangements

Health practitioner registration fees fund our office. Each year we submit an annual budget proposal to the Health Chief Executives Forum. On approval, the Victorian Department of Health (as our host) raises quarterly invoices on our behalf, which are payable by Ahpra. These funding arrangements are outlined in memorandums of understanding between Ahpra and the department.

Our financial statement

The department provides financial services to our office. Our financial operations are consolidated with the department's and are audited by the Victorian Auditor-General's Office. A complete financial report is therefore not provided in this annual report.

A financial summary of the expenditure for 2021–22 is provided below and has been certified as true and correct by the department's acting deputy chief finance officer.

Retained earnings balance 1 July 2021 ⁴⁸	\$344,000
2021–22 revenue (invoices raised to Ahpra)	\$2,640,000

Expenditure for 2020–21

Salaries	\$1,771,441
Salary on-costs	\$272,625
Supplies and consumables	\$437,933
Indirect expenses (includes depreciation and long service leave)	\$57,251
Total expenditure	\$2,539,250
Balance as at 30 June 2022	\$444,750

48 At the end of each financial year, we hold onto any unspent funds to invest in longer term projects.

Appendix: Our data

We introduced our new custom-built case management system in 2020–21 to enhance our ability to record and share our complaint handling work and relevant complaint trends. Due to these enhancements, some aspects of our data cannot be compared with years prior to 2020–21.

Data definitions

Complaint refers to the individual complaint files we create based on each notification, registration or regulatory matter raised by the complainant.

Complaint type refers to the main regulatory area the complaint relates to. Complaint types for complaints to the Ombudsman include notification, registration, customer experience, accreditation, offence and FOI handling. Complaint type directly relates to an individual complaint and therefore allows us to compare data we've recorded this year with previous financial years.

Complaints finalised refers to complaints we finalised based on the complaints we closed between 1 July 2021 and 30 June 2022.

Stage complaints were finalised in refers to the last complaint process the complaint was progressing through when it was closed (assessment, preliminary inquiries, early resolution transfer or investigation) between 1 July 2021 and 30 June 2022.

Complaints received refers to complaints we received based on the complaints we recorded receiving between 1 July 2021 and 30 June 2022.

Issue refers to the concern driving a complaint. We generally refer to the issues recorded by complaint type, but we may also refer to issues that have been identified across all complaints. We can record multiple issues on each complaint.

Outcome type refers to the stage in our complaint process in which the complaint is finalised. The outcome types for complaint to the Ombudsman are assessment, preliminary inquiry, early resolution transfer and investigation.

Outcome(s) refers to the way or ways we resolved or finalised a complaint. We generally report on what outcomes we achieved based on the stages of the complaint process and complaint type. We can record up to three outcomes for each complaint.

